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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

## Filing at a Glance

Company:	Northwestern Long Term Care Insurance Company
Product Name:	90-2129 LTC (0412)
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Advertisement
Date Submitted:	10/24/2012
SERFF Tr Num:	NWST-128738319
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	90-2129 LTC (0412)
Implementation	On Approval
Date Requested:	
Author(s):	John Kotarski, Samantha Turdo
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	12/18/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

**State:** Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 90-2129 LTC (0412)  
**Project Name/Number:** 90-2129 LTC (0412)/90-2129 LTC (0412)

## General Information

Project Name: 90-2129 LTC (0412) Status of Filing in Domicile: Pending  
Project Number: 90-2129 LTC (0412) Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 12/18/2012  
State Status Changed: 12/18/2012  
Deemer Date: Created By: Samantha Turdo  
Submitted By: Samantha Turdo Corresponding Filing Tracking Number:

### Filing Description:

Enclosed please find the sales illustration forms that will be used by our agents with prospective clients.

Please note that forms 90-2129 LTC (0412) (Cover Page) and 90-2436 LTC (0412) (Disclosure Statement) are always produced.

If you have questions regarding the attached forms, please call me at (414) 665-5637 or e-mail me at johnkotarski@northwesternmutual.com. When sending an e-mail, please copy Samantha Turdo at samanthaturdo@northwesternmutual.com.

Sincerely,

John Kotarski  
Product Compliance Specialist  
Actuarial Department

## Company and Contact

### Filing Contact Information

John Kotarski, Product Compliance Specialist johnkotarski@northwesternmutual.com  
720 East Wisconsin Avenue 414-665-5637 [Phone]  
Rm S845 414-665-5006 [FAX]  
Milwaukee, WI 53202

### Filing Company Information

Northwestern Long Term Care Insurance Company	CoCode: 69000	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Long Term Care
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 36-2258318	
(414) 271-1444 ext. [Phone]		

**State:** Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$1,150.00  
Retaliatory? No  
Fee Explanation: \$50 per advertising form  
Per Company: No

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	\$1,150.00	10/24/2012	64210411

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/18/2012	12/18/2012
Approved	Donna Lambert	10/25/2012	10/25/2012

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	12/17/2012	12/17/2012

### Response Letters

Responded By	Created On	Date Submitted
John Kotarski	12/17/2012	12/17/2012

## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Disclosure Statement	Samantha Turdo	12/17/2012	12/17/2012
Supporting Document	Statements of Variability	Samantha Turdo	12/17/2012	12/17/2012

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing	Note To Reviewer	Samantha Turdo	11/12/2012	11/12/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

## Disposition

Disposition Date: 12/18/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Statements of Variability	Approved	Yes
<b>Supporting Document</b>	Statements of Variability	Replaced	Yes
<b>Form</b>	Cover Page		Yes
<b>Form</b>	Benefit Summary		Yes
<b>Form</b>	Alternate Plan Design		Yes
<b>Form</b>	Cash Outlay and Benefit Analysis		Yes
<b>Form</b>	Long-Term Care Insurance vs Self-Funding		Yes
<b>Form</b>	Cost of Waiting		Yes
<b>Form</b>	Long-Term Care Self-Funding Calculator		Yes
<b>Form</b>	Input Summary		Yes
<b>Form</b>	Premium Support Page		Yes
<b>Form</b>	Joint Spousal Summary of Long-Term Care Insurance Coverage		Yes
<b>Form</b>	Joint Spousal Summary of Long-Term Care Premiums		Yes
<b>Form</b>	Summary of Long-Term Care Insurance Coverage		Yes
<b>Form</b>	Summary of Long-Term Care Insurance Premiums		Yes
<b>Form</b>	Cash Outlay		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Annual Aggregate Cash Outlay for Two Policies		Yes
Form	Annual Aggregate Cash Outlay for Multiple Policies		Yes
Form	AAPB to ABI Benefit Change		Yes
Form	Cost Benefit Analysis		Yes
Form	Composite of Long-Term Care Insurance Coverage		Yes
Form	Composite of Long-Term Care Insurance Premiums		Yes
Form	Composite of Cash Outlay for Multiple Long-Term Care Policies		Yes
Form (revised)	Disclosure Statement	Approved	Yes
Form	Disclosure Statement	Replaced	Yes
Form	Partnership Plan Requirements		Yes

SERFF Tracking #:

NWST-128738319

State Tracking #:

Company Tracking #:

90-2129 LTC (0412)

State: Arkansas

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Filing Company:

Northwestern Long Term Care Insurance Company

## Disposition

Disposition Date: 10/25/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Statements of Variability	Approved	Yes
Supporting Document	Statements of Variability	Replaced	Yes
Form	Cover Page		Yes
Form	Benefit Summary		Yes
Form	Alternate Plan Design		Yes
Form	Cash Outlay and Benefit Analysis		Yes
Form	Long-Term Care Insurance vs Self-Funding		Yes
Form	Cost of Waiting		Yes
Form	Long-Term Care Self-Funding Calculator		Yes
Form	Input Summary		Yes
Form	Premium Support Page		Yes
Form	Joint Spousal Summary of Long-Term Care Insurance Coverage		Yes
Form	Joint Spousal Summary of Long-Term Care Premiums		Yes
Form	Summary of Long-Term Care Insurance Coverage		Yes
Form	Summary of Long-Term Care Insurance Premiums		Yes
Form	Cash Outlay		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Annual Aggregate Cash Outlay for Two Policies		Yes
Form	Annual Aggregate Cash Outlay for Multiple Policies		Yes
Form	AAPB to ABI Benefit Change		Yes
Form	Cost Benefit Analysis		Yes
Form	Composite of Long-Term Care Insurance Coverage		Yes
Form	Composite of Long-Term Care Insurance Premiums		Yes
Form	Composite of Cash Outlay for Multiple Long-Term Care Policies		Yes
Form (revised)	Disclosure Statement	Approved	Yes
Form	Disclosure Statement	Replaced	Yes
Form	Partnership Plan Requirements		Yes



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**State:** Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 90-2129 LTC (0412)  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/17/2012
Submitted Date	12/17/2012
Respond By Date	01/17/2013

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Dear John Kotarski,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

*Has the form with the incorrect form number been used yet?*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Donna Lambert*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/17/2012
Submitted Date	12/17/2012

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Dear Donna Lambert,

**Introduction:**

**Response 1**

**Comments:**

Thank you for reopening the filing. You have our assurance that the form that is being corrected has not been implented or put into use.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,

John Kotarski

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
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<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

## Amendment Letter

Submitted Date: 12/17/2012

### Comments:

We recently discovered that form 90-2436 LTC (0412) was submitted with an incorrect form number. It should be 90-2436 LTC (0213). We are amending this filing with an updated version of the form and SOV with the correct form number. You have our assurance that there will be no changes to the form except for its form number.

Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Disclosure Statement	90-2436 LTC (0213)	ADV	Revised	Replaced Form #:90-2436 LTC (0412) Previous Filing #:NWST-128326501	0.000	90-2436 LTC (0213).pdf	Date Submitted: 12/17/2012 By:
<i>Previous Version</i>								
1	Disclosure Statement	90-2436 LTC (0412)	ADV	Revised	Replaced Form #:90-2436 LTC (1010) Previous Filing #:45875	0.000	90-2436 LTC (0412).pdf	Date Submitted: 10/24/2012 By: Samantha Turdo

No Rate Schedule Items Changed.

State:	Arkansas	Filing Company:	Northwestern Long Term Care Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	90-2129 LTC (0412)		
Project Name/Number:	90-2129 LTC (0412)/90-2129 LTC (0412)		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	
1 SOV 90-2118 LTC (0412).pdf 1 SOV 90-2120 LTC (0412).pdf 1 SOV 90-2125 LTC (0412).pdf 1 SOV 90-2129 LTC (0412).pdf 1 SOV 90-2132 LTC (0412).pdf 1 SOV 90-2112 LTC (0412).pdf 1 SOV 90-2113 LTC (0412).pdf 1 SOV 90-2115 LTC (0412).pdf 1 SOV 90-2116 LTC (0412).pdf 1 SOV 90-2117 LTC (0412).pdf 1 SOV 90-2133 LTC (0412).pdf 1 SOV 90-2134 LTC (0412).pdf 1 SOV 90-2135 LTC (0412).pdf 1 SOV 90-2308 LTC (0412).pdf 1 SOV 90-2314 LTC (0412).pdf 1 SOV 90-2315 LTC (0412).pdf 1 SOV 90-2316 LTC (0412).pdf 1 SOV 90-2349 LTC (0412).pdf 1 SOV 90-2425-02 LTC (0412).pdf 1 SOV 90-2425-03 LTC (0412).pdf 1 SOV 90-2436 LTC (0213).pdf AR SOV 90-2342-83 LTC (0412).pdf 1 SOV 90-2425-04 LTC (0412).pdf	
Previous Version	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

### Supporting Document Schedule Item Changes

1 SOV 90-2118 LTC (0412).pdf  
1 SOV 90-2120 LTC (0412).pdf  
1 SOV 90-2125 LTC (0412).pdf  
1 SOV 90-2129 LTC (0412).pdf  
1 SOV 90-2132 LTC (0412).pdf  
1 SOV 90-2112 LTC (0412).pdf  
1 SOV 90-2113 LTC (0412).pdf  
1 SOV 90-2115 LTC (0412).pdf  
1 SOV 90-2116 LTC (0412).pdf  
1 SOV 90-2117 LTC (0412).pdf  
1 SOV 90-2133 LTC (0412).pdf  
1 SOV 90-2134 LTC (0412).pdf  
1 SOV 90-2135 LTC (0412).pdf  
1 SOV 90-2308 LTC (0412).pdf  
1 SOV 90-2314 LTC (0412).pdf  
1 SOV 90-2315 LTC (0412).pdf  
1 SOV 90-2316 LTC (0412).pdf  
1 SOV 90-2349 LTC (0412).pdf  
1 SOV 90-2425-02 LTC (0412).pdf  
1 SOV 90-2425-03 LTC (0412).pdf  
1 SOV 90-2425-04 LTC (0412).pdf  
1 SOV 90-2436 LTC (0412).pdf  
AR SOV 90-2342-83 LTC (0412).pdf

**State:** Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** 90-2129 LTC (0412)  
**Project Name/Number:** 90-2129 LTC (0412)/90-2129 LTC (0412)

## Note To Reviewer

**Created By:**

Samantha Turdo on 11/12/2012 02:56 PM

**Last Edited By:**

Samantha Turdo

## Submitted On:

11/12/2012 02:56 PM

**Subject:**

## Request to Reopen Filing

**Comments:**

We recently discovered that form 90-2436 LTC (0412) was submitted with an incorrect form number. It should be 90-2436 LTC (0213). We are requesting that you reopen the filing so that we can send an updated version of that form with the correct form number. You have our assurance that there will be no changes to the form except for its form number.

SERFF Tracking #:

NWST-128738319

State Tracking #:

Company Tracking #:

90-2129 LTC (0412)

State: Arkansas

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Filing Company:

Northwestern Long Term Care Insurance Company

## Form Schedule

### Lead Form Number: 90-2129 LTC (0412)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Cover Page	90-2129 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2129 LTC (0412).pdf
						Replaced Form Number:	90-2129 LTC (1010)		
2		Benefit Summary	90-2112 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2112 LTC (0412).pdf
						Replaced Form Number:	90-2112 LTC (1010)		
3		Alternate Plan Design	90-2113 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2113 LTC (0412).pdf
						Replaced Form Number:	90-2113 LTC (1010)		
4		Cash Outlay and Benefit Analysis	90-2115 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2115 LTC (0412).pdf
						Replaced Form Number:	90-2115 LTC (1010)		
5		Long-Term Care Insurance vs Self-Funding	90-2116 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2116 LTC (0412).pdf
						Replaced Form Number:	90-2116 LTC (1010)		
6		Cost of Waiting	90-2117 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2117 LTC (0412).pdf
						Replaced Form Number:	90-2117 LTC (1010)		

SERFF Tracking #:

NWST-128738319

State Tracking #:

Company Tracking #:

90-2129 LTC (0412)

State: Arkansas

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Filing Company:

Northwestern Long Term Care Insurance Company

## Lead Form Number: 90-2129 LTC (0412)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
7		Long-Term Care Self-Funding Calculator	90-2118 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2118 LTC (0412).pdf
						Replaced Form Number:	90-2118 LTC (1010)		
8		Input Summary	90-2120 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2120 LTC (0412).pdf
						Replaced Form Number:	90-2120 LTC (1010)		
9		Premium Support Page	90-2125 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2125 LTC (0412).pdf
						Replaced Form Number:	90-2125 LTC (1010)		
10		Joint Spousal Summary of Long-Term Care Insurance Coverage	90-2132 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2132 LTC (0412).pdf
						Replaced Form Number:	90-2132 LTC (1010)		
11		Joint Spousal Summary of Long-Term Care Premiums	90-2133 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2133 LTC (0412).pdf
						Replaced Form Number:	90-2133 LTC (1010)		
12		Summary of Long-Term Care Insurance Coverage	90-2134 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2134 LTC (0412).pdf
						Replaced Form Number:	90-2134 LTC (1010)		



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NWST-128738319

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Company Tracking #:

90-2129 LTC (0412)

State: Arkansas

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Filing Company:

Northwestern Long Term Care Insurance Company

## Lead Form Number: 90-2129 LTC (0412)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
13		Summary of Long-Term Care Insurance Premiums	90-2135 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2135 LTC (0412).pdf
						Replaced Form Number:	90-2135 LTC (1010)		
14		Cash Outlay	90-2308 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2308 LTC (0412).pdf
						Replaced Form Number:	90-2308 LTC (1010)		
15		Annual Aggregate Cash Outlay for Two Policies	90-2314 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2314 LTC (0412).pdf
						Replaced Form Number:	90-2314 LTC (1010)		
16		Annual Aggregate Cash Outlay for Multiple Policies	90-2315 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2315 LTC (0412).pdf
						Replaced Form Number:	90-2315 LTC (1010)		
17		AAPB to ABI Benefit Change	90-2316 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2316 LTC (0412).pdf
						Replaced Form Number:	90-2316 LTC (1010)		
18		Cost Benefit Analysis	90-2349 LTC (0412)	ADV	Revised	Previous Filing Number:	45875	0.000	90-2349 LTC (0412).pdf
						Replaced Form Number:	90-2349 LTC (1010)		

SERFF Tracking #:

NWST-128738319

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90-2129 LTC (0412)

State: Arkansas

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Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Filing Company:

Northwestern Long Term Care Insurance Company

## Lead Form Number: 90-2129 LTC (0412)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
19		Composite of Long-Term Care Insurance Coverage	90-2425-02 LTC (0412)	ADV	Revised	Previous Filing Number:	46357	0.000	90-2425-02 LTC (0412).pdf
						Replaced Form Number:	90-2425-02 LTC (1010)		
20		Composite of Long-Term Care Insurance Premiums	90-2425-03 LTC (0412)	ADV	Revised	Previous Filing Number:	46357	0.000	90-2425-03 LTC (0412).pdf
						Replaced Form Number:	90-2425-03 LTC (1010)		
21		Composite of Cash Outlay for Multiple Long-Term Care Policies	90-2425-04 LTC (0412)	ADV	Revised	Previous Filing Number:	46357	0.000	90-2425-04 LTC (0412).pdf
						Replaced Form Number:	90-2425-04 LTC (1010)		
22	Approved 12/18/2012	Disclosure Statement	90-2436 LTC (0213)	ADV	Revised	Previous Filing Number:	NWST-128326501	0.000	90-2436 LTC (0213).pdf
						Replaced Form Number:	90-2436 LTC (0412)		
23		Partnership Plan Requirements	90-2342-46 LTC (0412)	ADV	Revised	Previous Filing Number:	46357	0.000	AR 90-2342-83 LTC (0412).pdf
						Replaced Form Number:	90-2342-46 LTC (0412)		

## Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
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<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

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**QuietCare<sup>®</sup>**

Northwestern Long Term Care Insurance Company

*Prepared For*  
<sup>1</sup>{First M Last}

*Presented By*  
<sup>2</sup>{Norm Q. Weston}  
<sup>3</sup>{Northwestern Mutual}  
{720 E. Wisconsin Avenue}  
{Milwaukee, WI 53202}  
{(414)-271-1444 Ext. 4444}  
{FAX (414)-271-5555}

<sup>4</sup>{03/07/2011}

Long-Term Care Insurance Policy forms TT.LTC.(1010) and TT.LTC.(0213). Form numbers may vary by state.  
Long-Term Care Insurance Policy forms TT.LTC.ML.(1010) and TT.LTC.ML.(0213) are only available in New Jersey, New York, Ohio, and Pennsylvania.  
Long-Term Care Insurance Policy form TT.LTC.LP.(0213) is only available in Texas.  
Long-Term Care Insurance Policy form TT.LTCN.(0213) is only available in Massachusetts.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

<sup>5</sup>{03/07/2011}

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**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2129 LTC (0412)

TT (2013) <sup>6</sup>{Class 1}

Illustration No. <sup>7</sup>{XX2620-NHBLN-092258}

## Benefit Summary

*QuietCare®*

For <sup>1</sup>{First M Last,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Initial Annual Contract Premium: \$<sup>4</sup>{1,611.55}

State of Execution: <sup>5</sup>{State}

		Annual Premium	<sup>10</sup> {Annual Premium Discounts*}
Maximum Monthly Limit for:			
100% Nursing Home Care:	\$ <sup>6</sup> {6,000.00}	\$ <sup>9</sup> {1,626.00}	<sup>10</sup> {1,081.50}
100% Home Health Care:	\$ <sup>7</sup> {6,000.00}		
100% Alternate Living Facility Care:	\$ <sup>8</sup> {6,000.00}		
Caregiver Training Benefit:	\$ <sup>11</sup> {1,200.00} (Lifetime)		
Elimination Period:	<sup>12</sup> {6 Weeks}		
Benefit Period:	<sup>13</sup> {6 Year}		
Benefit Account Value:	\$ <sup>14</sup> {432,000}		
Optional Benefits:			
<sup>15</sup> {Automatic Additional Purchase Benefit:±}		\$ <sup>16</sup> {168.00}	<sup>10</sup> {111.72}
<sup>15</sup> {Paid-Up Nonforfeiture Benefit Premium for:}			
<sup>15</sup> {Base Policy}		\$ <sup>16</sup> {222.00}	<sup>10</sup> {147.84}
<sup>15</sup> {Automatic Additional Purchase Benefit:±}		\$ <sup>16</sup> {12.00}	<sup>10</sup> {7.98}
<sup>15</sup> {Survivorship Benefit:}		\$ <sup>16</sup> {394.68}	<sup>10</sup> {262.51}
Total:		\$ <sup>17</sup> {2,422.68}	<sup>10</sup> {1,611.55}

### Initial Modal Premiums with Discounts\*

	Annual	Semi-Annual	Quarterly	Monthly
Premium By Frequency	\$ <sup>18</sup> {1,611.55}	\$ <sup>19</sup> {825.11}	\$ <sup>20</sup> {417.40}	\$ <sup>21</sup> {140.20}
Annualized Premium	\$ <sup>22</sup> {1,611.55}	\$ <sup>23</sup> {1,650.22}	\$ <sup>24</sup> {1,669.60}	\$ <sup>25</sup> {1,682.40}
Less: Annual Premium	\$ <sup>26</sup> {1,611.55}	\$ <sup>27</sup> {1,611.55}	\$ <sup>28</sup> {1,611.55}	\$ <sup>29</sup> {1,611.55}
Amount in Excess of Annual Premium #	\$ <sup>30</sup> {0.00}	\$ <sup>31</sup> {38.67}	\$ <sup>32</sup> {58.05}	\$ <sup>33</sup> {70.85}

<sup>34</sup>{\* Premiums reflect a Spousal Two Insured Discount of 30% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.}

<sup>35</sup>{± Annual Premium increases for additional coverage are based on attained age.}

# Premium amounts for future years, the difference between the annual premium and total payments on other frequencies in future years, and an annual percentage rate (APR) calculation, may be obtained from your Financial Representative. The APR calculation is also available through [www.northwesternmutual.com](http://www.northwesternmutual.com). A Financial Representative is a licensed insurance Agent/Producer.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>36</sup>{ Sample M. Agent }

<sup>37</sup>{03/07/2011}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2112 LTC (0412)

TT (2013) <sup>38</sup>{Class 1}  
Illustration No. <sup>39</sup>{XX2620-NHBLN-092258}

## Alternative Plan Design

QuietCare®

For <sup>1</sup>{John Doe,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option: <sup>6</sup>{ Automatic Benefit Increase @5% }

Other Options: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home Health Care: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

Use the table below to determine the additional (cost) or savings realized by changing your original plan design. You may not substitute more than one alternative at a time. Combining the savings and/or costs of multiple alternatives will misstate the premiums. Your initial contract premium is <sup>12</sup>{ \$7,098.00. }

Product Feature	Alternative	Initial Annual Premium	Initial Annual Savings or (Cost)
Maximum Monthly Limit	<sup>13</sup> { \$5,000.00 } { \$4,000.00 }	<sup>14</sup> { \$5,915.00 } { \$4,732.00 }	<sup>15</sup> { \$1,183.00 } { \$2,366.00 }
Elimination Period	<sup>16</sup> { 6 Weeks } { 25 Weeks } { 52 Weeks }	<sup>17</sup> { \$8,160.00 } { \$6,456.00 } { \$5,322.00 }	<sup>18</sup> { (\$1,062.00) } { \$642.00 } { \$1,776.00 }
Benefit Period	<sup>19</sup> { 3 Year } { 6 Year }	<sup>20</sup> { \$4,308.00 } { \$5,496.00 }	<sup>21</sup> { \$2,790.00 } { \$1,602.00 }
<sup>22</sup> { ABI @ 5% }	<sup>23</sup> { AAPB @ } { 5% ABI @ } { 3% ABI @ } { 4% }	<sup>24</sup> { \$1,998.00 } (Age <sup>25</sup> { 68 }#) { \$4,947.60 } { \$6,022.80 }	<sup>26</sup> { \$5,100.00 } { \$2,150.40 } { \$1,075.20 }
<sup>27</sup> { Add Survivorship Benefit }		<sup>28</sup> { \$8,801.52 }	<sup>29</sup> { (\$1,703.52) }
<sup>30</sup> { Add Paid-Up Nonforfeiture Benefit }		<sup>31</sup> { \$7,602.00 }	<sup>32</sup> { (\$504.00) }

# Represents the age when the annual premium with AAPB equals or exceeds annual premium with ABI.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>33</sup>{ Sample M. Agent }

<sup>34</sup>{ 04/23/2010 }

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2113 LTC (0412)

TT (2013) <sup>35</sup>{ Class 1 }

Illustration No. <sup>36</sup>{ XX2520-NHBLN-093823 }

## Cash Outlay and Benefit Analysis

*QuietCare*<sup>®</sup>

For <sup>1</sup>{John Doe,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option: <sup>6</sup>{ Automatic Benefit Increase @5% }

Other Options: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home Health Care: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

<u>Age</u>	<sup>13</sup> {Cumulative Cash Outlay <u>ABI @5%</u>	<u>Benefit Account Value</u>	<u>Maximum Monthly Limit</u>
<sup>12</sup> {50}	<sup>14</sup> { \$7,098 }	<sup>15</sup> { Unlimited }	<sup>16</sup> { \$6,000 }
{51}	{ 14,196 }	{ Unlimited }	{ 6,300 }
{52}	{ 21,294 }	{ Unlimited }	{ 6,615 }
{53}	{ 28,392 }	{ Unlimited }	{ 6,946 }
{54}	{ 35,490 }	{ Unlimited }	{ 7,293 }
{55}	{ 42,482 }	{ Unlimited }	{ 7,658 }
{56}	{ 49,260 }	{ Unlimited }	{ 8,041 }
{57}	{ 55,826 }	{ Unlimited }	{ 8,443 }
{58}	{ 62,178 }	{ Unlimited }	{ 8,865 }
{59}	{ 68,318 }	{ Unlimited }	{ 9,308 }
{60}	{ 74,245 }	{ Unlimited }	{ 9,773 }
{70}	{ 124,996 }	{ Unlimited }	{ 15,921 }
{80}	{ 173,617 }	{ Unlimited }	{ 25,935 }
{90}	{ 222,238 }	{ Unlimited }	{ 42,247 }
{100}	{ 270,860 }	{ Unlimited }	{ 68,816 }

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>17</sup>{Sample M. Agent}

<sup>18</sup>{04/23/2010}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2115 LTC (0412)

TT (2013) <sup>19</sup>{Class 1}  
Illustration No. <sup>20</sup>{XX2520-NHBLN-093823}

## Long-Term Care Insurance vs. Self-Funding

*QuietCare®*

For <sup>1</sup>{John Doe,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup> { \$6,000 }	State of Execution: <sup>8</sup> { State }
Elimination Period: <sup>5</sup> { 12 Weeks }	Home Health Care: <sup>9</sup> { 100% }
Indexing Option: <sup>6</sup> { Automatic Benefit Increase @5% }	Benefit Period: <sup>10</sup> { Lifetime }
Other Options: <sup>7</sup> { None }	Discounts: <sup>11</sup> { None }

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Choosing the best way to fund a potential long-term care condition can be challenging. Two options are illustrated below. The Long-Term Care Insurance option illustrates the long-term care coverage (Benefit Account Value) available based on the cash outlay in column (1). The Self-Funding option illustrates the total amount available assuming an annual outlay equal to the annual premium earning an after-tax interest rate of <sup>12</sup>{4%}. See description below for a detailed explanation of each column.

---Long Term Care Insurance Option---			---Self-Funding Option---	
	(1)	(2)	(3)	(4)
Attained <u>Age</u>	Cash <u>Outlay*</u>	Total Benefit Acct <u>Value Available</u>	Annual <u>Outlay</u>	Total Amount <u>Available</u>
<sup>13</sup> {50}	<sup>14</sup> { \$7,098 }	<sup>15</sup> { Unlimited }	<sup>16</sup> { \$7,098 }	<sup>17</sup> { \$7,098 }
{55}	{ 6,992 }	{ Unlimited }	{ 6,992 }	{ 46,974 }
{60}	{ 5,927 }	{ Unlimited }	{ 5,927 }	{ 91,650 }
{65}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 140,239 }
{70}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 196,956 }
{75}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 265,963 }
{80}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 349,919 }
{85}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 452,065 }
{90}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 576,341 }
{95}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 727,542 }
{100}	{ 4,862 }	{ Unlimited }	{ 4,862 }	{ 911,500 }

(1) Cash Outlay - Current annual premium less dividends for the long-term care policy shown above. This policy is guaranteed renewable coverage and will remain in force as long as premiums are paid. The Company retains the right to change premiums by class when the dividend is applicable.

(2) Total Benefit Account Value Available - Provides a pool of money from which the insured may draw up to the Maximum Monthly Limit for each month of care, after satisfying the policy's benefit eligibility provisions. The actual cost of care may be higher or lower than the Maximum Monthly Limit. Money not used for care is not refundable in cash.

(3) Annual Outlay - Annual amount invested at the assumed after-tax interest rate shown above.

(4) Total Amount Available - Represents the accumulated value of the annual outlay in Column (3), including earnings (based on the assumed annual after-tax interest rate.) This amount could be used for long-term care needs or for other purposes. The actual amount available may be higher or lower than shown based on actual results.

\* There is no guarantee of a divisible surplus. Even if there is a divisible surplus, the payment of a dividend on this Policy is not guaranteed.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>18</sup>{Sample M. Agent}

<sup>19</sup>{04/23/2010}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2116 LTC (0412)

TT (2013) <sup>20</sup>{Class 1}  
Illustration No. <sup>21</sup>{XX2520-NHBLN-093823}



## Cost of Waiting

*QuietCare®*

For {John Doe,} Age {50}, {Male}

Maximum Monthly Limit (Nursing Home Care): {\$6,000}

Elimination Period: {12 Weeks}

Indexing Option: {Automatic Benefit Increase @5%}

Other Options: {None}

State of Execution: <sup>8</sup> {State}

Home Health Care: <sup>9</sup> { 100% }

Benefit Period: <sup>10</sup> { Lifetime }

Discounts: <sup>11</sup> {None}

Purchasing a Northwestern long-term care insurance policy represents a positive first step in insuring your future. You may ask, "What would this coverage cost if I decided to wait?" The table below illustrates the future cost of long-term care premiums based on the policy shown.

Purchased At Age	Maximum Monthly Limit*	Initial Contract Premium**	Initial Cost of Waiting	Total Cash Outlay to Age <sup>16</sup> {85}***	Projected Cost of Waiting to Age <sup>18</sup> {85}
<sup>12</sup> {50-Today}	<sup>13</sup> {\$6,000}	<sup>14</sup> {\$7,098}	<sup>15</sup> {0}	<sup>17</sup> {\$197,928}	<sup>19</sup> {0}
{51}	{6,300}	{7,535}	{437}	{204,946}	{7,019}
{52}	{6,615}	{8,004}	{906}	{212,230}	{14,303}
{53}	{6,946}	{8,551}	{1,453}	{220,860}	{22,932}
{54}	{7,293}	{9,138}	{2,040}	{229,778}	{31,851}
{55}	{7,658}	{9,749}	{2,651}	{238,451}	{40,524}
{60}	{9,773}	{13,975}	{6,877}	{293,972}	{96,045}
{65}	{12,474}	{21,368}	{14,270}	{376,290}	{178,362}
{70}	{15,921}	{36,459}	{29,361}	{517,172}	{319,244}
{75}	{20,321}	{65,169}	{58,071}	{681,672}	{483,745}
{79}	{24,700}	{101,221}	{94,123}	{702,471}	{504,543}

<sup>20</sup> { \*\* This illustration assumes that the Maximum Monthly Limit shown above increases at the elected <sup>21</sup>{Automatic Benefit Increase (ABI) amount of 5% } compounded per year. Due to these assumed increases, the illustration reflects a Maximum Monthly Limit at later purchase ages that may exceed current Company issue limits. Currently the highest Maximum Monthly Limit available in this state is \$15,000.00.  
\*\*\* Premiums shown are based on the current premium rate schedule for attained age Maximum Monthly Limit.

\*\*\*\* For illustration purposes only. The Total Cash Outlay assumes premiums are paid until age <sup>22</sup>{85}. Premiums, however, remain payable for life and are waived only during a qualifying claim as set forth by the Northwestern Long Term Care contract.

Illustrated purchases at future ages assume that the proposed insured is able to meet all underwriting guidelines set forth by Northwestern Long Term Care Insurance Company. The cost of waiting shown above reflects both the increased premiums charged for older issue ages and the cost of purchasing increased coverage amounts by indexing coverage to help offset the cost of inflation.

This illustration does not reflect that money is paid and received at different times.

While premiums may be an important consideration, your insurability, or ability to obtain coverage is also important. There are health requirements for qualifying for long-term insurance coverage. As we age, the risk of not qualifying for health reasons, or having an uncovered need for care, increases.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>23</sup>{Sample M. Agent}

<sup>24</sup>{04/23/2010}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2117 LTC (0412)

TT (2013) <sup>25</sup>{Class 1}  
Illustration No. <sup>26</sup>{XX2520-NHBLN-093823}

## Long-Term Care Self-Funding Calculator

QuietCare®

For <sup>1</sup>{John Doe,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

State of Execution: <sup>4</sup>{State}

The following illustrates the potential cost of a future long-term care event beginning at age <sup>5</sup>{78\*} and lasting <sup>6</sup>{4\*} years. The current annual cost of care is <sup>7</sup>{\$73,000\*\*} and future costs assume 5% annual inflation. However, long term care costs may vary by age, what type of care is needed, where the care is provided and the length of the event.

Year	Age	Current Annual Cost: <sup>10</sup> {\$73,000}	Future Annual Cost
<sup>8</sup> {2038}	<sup>9</sup> {78}		<sup>11</sup> {\$286,169}
<sup>8</sup> {2039}	<sup>9</sup> {79}		<sup>11</sup> {\$300,478}
<sup>8</sup> {2040}	<sup>9</sup> {80}		<sup>11</sup> {\$315,502}
<sup>8</sup> {2041}	<sup>9</sup> {81}		<sup>11</sup> {\$331,277}
Total Resources Needed to Fund Future Expense+			<sup>12</sup> {\$1,233,426+}

With an after tax return of <sup>13</sup>{5%}\*\*\* annually, a single investment of <sup>14</sup>{\$292,000} would be needed today to fund the future long-term care expense totaling <sup>15</sup>{\$1,233,426.}

\* This page illustrates a hypothetical claim occurring at age <sup>16</sup>{78} lasting for <sup>17</sup>{4} years and assumes the actual expenses will not exceed the Current Annual Cost. The actual cost of care may be higher or lower.

\*\* Source: Long-term care expenses reflect the national average for cost of care based on the 2010 Northwestern Long-Term Care Cost of Care Study.

\*\*\* The after tax return rate of a single investment that would be required to generate the total resources needed to fund a future long term care expense under the assumed scenario.

+ Total Resources Needed to Fund Future Expense - Illustrates a pool of money the insured would need to fund a Long Term Care event lasting for the specified time frame. The actual cost of care may be higher or lower than the Future Annual Cost.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>18</sup>{Sample M. Agent}

<sup>19</sup>{04/23/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI  
90-2118 LTC (0412)

TT (2013) <sup>20</sup>{Class 1}  
Illustration No. <sup>21</sup>{XX2520-NHBLN-093823}

## Input Summary

*QuietCare*<sup>®</sup>

For <sup>1</sup>{First M Last}

### AGENT/PRODUCER INFORMATION

Name: <sup>2</sup>{Sample M. Agent}

### PERSONAL INFORMATION

First: <sup>3</sup>{First}  
Last: <sup>4</sup>{M}  
Sex: <sup>5</sup>{Last}  
Insurable Age: <sup>6</sup>{50}  
Risk Class: <sup>7</sup>{Standard}  
Discount: <sup>8</sup>{None}  
MultiLife Discount: <sup>9</sup>{No}

### POLICY INFORMATION

Maximum Monthly Limit: <sup>10</sup>{6,000}  
Home Health Care: <sup>11</sup>{100%}  
Elimination Period: <sup>12</sup>{12 Weeks}  
Benefit Period: <sup>13</sup>{Lifetime}  
Payment Duration: <sup>14</sup>{For Life}  
<sup>15</sup>{Automatic Benefit Increase}: <sup>16</sup>{5%}  
Illustrate Hypothetical Claim: <sup>17</sup>{No}

### PRESENTATION OPTIONS

State of Residence: <sup>18</sup>{State}  
State of Execution: <sup>19</sup>{State}  
State of Presentation: <sup>20</sup>{State}

Cover Page

Title 1: *QuietCare*<sup>®</sup>

Date: <sup>21</sup>{01/01/2012}

Benefit Summary

<sup>22</sup> {  
Illustrate Future: Premium/Dividend/Benefits  
Compare Payment Durations  
    10 Pay  
    To Age 65  
Premium Support Page  
Alternative Plan Design  
    Maximum Monthly Limit Alt 1: \$5000.00  
    Maximum Monthly Limit Alt 2: \$4000.00  
Premium and Benefit Analysis  
Cost of Waiting  
    Outlay Comparison Age: 85  
}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

## Input Summary

*QuietCare*<sup>®</sup>

For <sup>1</sup>{John Doe}

<sup>22</sup>	{	Cost Benefit Analysis	}
		Why People Own Long-Term Care Insurance	
		LTC Need	
		Where Is LTC Received	
		Projected LTC Cost	
		LTC Options NLTC	
		Ratings QuietCare <sup>®</sup>	
		Worksheet Input	
		Summary	}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

## Premium Support Page

QuietCare®

For <sup>1</sup>{John Doe}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

State of Execution: <sup>6</sup>{ State }

Optional Benefits\*: <sup>5</sup>{ None }

Discounts: <sup>7</sup>{ None }

### Alternative Choices For Initial Annual Premium

#### Premiums without either indexing option:

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period			
		Lifetime	10 Years	6 Years	3 Years
6 Weeks	With NFB	<sup>8</sup> { \$2,226.00 }	<sup>8</sup> { \$2,026.00 }	<sup>8</sup> { \$1,848.00 }	<sup>8</sup> { \$1,572.00 }
	Without NFB	<sup>8</sup> { \$1,980.00 }	<sup>8</sup> { \$1,880.00 }	<sup>8</sup> { \$1,626.00 }	<sup>8</sup> { \$1,362.00 }
12 Weeks	With NFB	<sup>8</sup> { \$1,938.00 }	<sup>8</sup> { \$1,780.00 }	<sup>8</sup> { \$1,608.00 }	<sup>8</sup> { \$1,362.00 }
	Without NFB	<sup>8</sup> { \$1,722.00 }	<sup>8</sup> { \$1,680.00 }	<sup>8</sup> { \$1,416.00 }	<sup>8</sup> { \$1,182.00 }
25 Weeks	With NFB	<sup>8</sup> { \$1,764.00 }	<sup>8</sup> { \$1,580.00 }	<sup>8</sup> { \$1,464.00 }	<sup>8</sup> { \$1,236.00 }
	Without NFB	<sup>8</sup> { \$1,566.00 }	<sup>8</sup> { \$1,480.00 }	<sup>8</sup> { \$1,290.00 }	<sup>8</sup> { \$1,074.00 }
52 Weeks	With NFB	<sup>8</sup> { \$1,452.00 }	<sup>8</sup> { \$1,380.00 }	<sup>8</sup> { \$1,206.00 }	<sup>8</sup> { \$1,026.00 }
	Without NFB	<sup>8</sup> { \$1,290.00 }	<sup>8</sup> { \$1,180.00 }	<sup>8</sup> { \$1,062.00 }	<sup>8</sup> { \$888.00 }

#### Premiums with Automatic Additional Purchase Benefit (AAPB) indexing option at <sup>9</sup>{5%}:

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period			
		Lifetime	10 Years	6 Years	3 Years
6 Weeks	With NFB	<sup>10</sup> { \$2,574.00 }	<sup>10</sup> { \$2,374.00 }	<sup>10</sup> { \$2,028.00 }	<sup>10</sup> { \$1,662.00 }
	Without NFB	<sup>10</sup> { \$2,298.00 }	<sup>10</sup> { \$2,074.00 }	<sup>10</sup> { \$1,794.00 }	<sup>10</sup> { \$1,446.00 }
12 Weeks	With NFB	<sup>10</sup> { \$2,238.00 }	<sup>10</sup> { \$1,974.00 }	<sup>10</sup> { \$1,764.00 }	<sup>10</sup> { \$1,440.00 }
	Without NFB	<sup>10</sup> { \$1,998.00 }	<sup>10</sup> { \$1,774.00 }	<sup>10</sup> { \$1,560.00 }	<sup>10</sup> { \$1,254.00 }
25 Weeks	With NFB	<sup>10</sup> { \$2,040.00 }	<sup>10</sup> { \$1,874.00 }	<sup>10</sup> { \$1,608.00 }	<sup>10</sup> { \$1,308.00 }
	Without NFB	<sup>10</sup> { \$1,818.00 }	<sup>10</sup> { \$1,674.00 }	<sup>10</sup> { \$1,422.00 }	<sup>10</sup> { \$1,140.00 }
52 Weeks	With NFB	<sup>10</sup> { \$1,680.00 }	<sup>10</sup> { \$1,574.00 }	<sup>10</sup> { \$1,326.00 }	<sup>10</sup> { \$1,086.00 }
	Without NFB	<sup>10</sup> { \$1,500.00 }	<sup>10</sup> { \$1,374.00 }	<sup>10</sup> { \$1,170.00 }	<sup>10</sup> { \$942.00 }

#### Premiums with Automatic Benefit Increase (ABI) indexing option at <sup>11</sup>{5%}:

Elimination Period	Nonforfeiture Benefit (NFB)	Benefit Period			
		Lifetime	10 Years	6 Years	3 Years
6 Weeks	With NFB	<sup>12</sup> { \$8,736.00 }	<sup>12</sup> { \$7,602.00 }	<sup>12</sup> { \$6,822.00 }	<sup>12</sup> { \$5,406.00 }
	Without NFB	<sup>12</sup> { \$8,160.00 }	<sup>12</sup> { \$7,402.00 }	<sup>12</sup> { \$6,318.00 }	<sup>12</sup> { \$4,956.00 }
12 Weeks	With NFB	<sup>12</sup> { \$7,602.00 }	<sup>12</sup> { \$7,002.00 }	<sup>12</sup> { \$5,934.00 }	<sup>12</sup> { \$4,698.00 }
	Without NFB	<sup>12</sup> { \$7,098.00 }	<sup>12</sup> { \$6,002.00 }	<sup>12</sup> { \$5,496.00 }	<sup>12</sup> { \$4,308.00 }
25 Weeks	With NFB	<sup>12</sup> { \$6,918.00 }	<sup>12</sup> { \$6,502.00 }	<sup>12</sup> { \$5,400.00 }	<sup>12</sup> { \$4,272.00 }
	Without NFB	<sup>12</sup> { \$6,456.00 }	<sup>12</sup> { \$6,002.00 }	<sup>12</sup> { \$5,004.00 }	<sup>12</sup> { \$3,918.00 }
52 Weeks	With NFB	<sup>12</sup> { \$5,700.00 }	<sup>12</sup> { \$5,002.00 }	<sup>12</sup> { \$4,452.00 }	<sup>12</sup> { \$3,528.00 }
	Without NFB	<sup>12</sup> { \$5,322.00 }	<sup>12</sup> { \$4,902.00 }	<sup>12</sup> { \$4,122.00 }	<sup>12</sup> { \$3,234.00 }

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>13</sup>{ Sample M. Agent }

<sup>14</sup>{01/01/2012}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI  
90-2125 LTC (0412)

TT (2013) <sup>15</sup>{Class 1}  
Illustration No. <sup>16</sup>{XX2520-NHBLN-093823}

## Joint Spousal Summary of Long-Term Care Insurance Coverage

*QuietCare*®

Prepared for <sup>1</sup>{ABC Mutual}

State of Execution: <sup>2</sup>{State}

<u>Name</u>	<u>Max Monthly Limit</u>	<u>Elimination Period</u>	<u>Benefit Period</u>	<u>Benefit Account Value</u>	<u>Indexing Option</u>	<u>NFB</u>	<u>Survivorship Benefit</u>	<u>MultiLife Discount</u>
<sup>3</sup> {BBB, AAA}	<sup>4</sup> {6000}	<sup>5</sup> {12 Weeks}	<sup>6</sup> {Lifetime}	<sup>7</sup> {Unlimited}	<sup>8</sup> {NONE}	<sup>9</sup> {N}	<sup>10</sup> {N}	<sup>11</sup> {N}
<sup>3</sup> {CCC, BBB}	<sup>4</sup> {6000}	<sup>5</sup> {12 Weeks}	<sup>6</sup> {Lifetime}	<sup>7</sup> {Unlimited}	<sup>8</sup> {NONE}	<sup>9</sup> {N}	<sup>10</sup> {N}	<sup>11</sup> {N}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>12</sup>{Sample M. Agent}

<sup>13</sup>{04/23/2010}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2132 LTC (0412)

Illustration No. <sup>14</sup>{XX2530-NHBLN-134649}

# Joint Spousal Summary of Long-Term Care Insurance Premiums

QuietCare®

Prepared for <sup>1</sup>{ABC Mutual}

State of Execution: <sup>2</sup>{State}

<u>Name</u>	<u>Age</u>	<u>Risk Class</u>	<u>Payment Duration</u>	<u>Annual Premium</u>	<u>Total Discounted Premium</u>
<sup>3</sup> {BBB, AAA}	<sup>4</sup> {50}	<sup>5</sup> {STD}	<sup>6</sup> {For Life}	<sup>7</sup> {\$1,722.00}	<sup>8</sup> {\$1,205.40}
<sup>3</sup> {CCC, BBB}	<sup>4</sup> {50}	<sup>5</sup> {STD}	<sup>6</sup> {For Life}	<sup>7</sup> {\$1,722.00}	<sup>8</sup> {\$1,205.40}
Total Annual Premium:				<sup>9</sup> { \$3,444.00 }	
Less: MultiLife Discount				<sup>10</sup> { \$0.00 }	
Spousal/Comp. Discount				<sup>11</sup> { \$1,033.20 }	
Total Discounted Premium:				<sup>12</sup> { \$2,410.80 }	

## Initial Modal Premiums with Discounts\*\*

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium By Frequency	<sup>13</sup> { \$2,410.80 }	<sup>14</sup> { \$1,234.32 }	<sup>15</sup> { \$624.40 }	<sup>16</sup> { \$209.74 }
Annualized Premium	<sup>17</sup> { \$2,410.80 }	<sup>18</sup> { \$2,468.64 }	<sup>19</sup> { \$2,497.60 }	<sup>20</sup> { \$2,516.88 }
Less: Annual Premium	<sup>21</sup> { \$2,410.80 }	<sup>22</sup> { \$2,410.80 }	<sup>23</sup> { \$2,410.80 }	<sup>24</sup> { \$2,410.80 }
Amount in Excess of Annual Premium #	<sup>25</sup> { 0.00 }	<sup>26</sup> { \$57.84 }	<sup>27</sup> { \$86.80 }	<sup>28</sup> { \$106.08 }

\*\* Premiums reflect a Spousal Two Insured discount of 30%.

# Premium amounts for future years, the difference between the annual premium and total payments on other frequencies in future years, and an annual percentage rate (APR) calculation, may be obtained from your Financial Representative. The APR calculation is also available through [www.northwesternmutual.com](http://www.northwesternmutual.com). A Financial Representative is a licensed insurance Agent/Producer.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>29</sup>{ Sample M. Agent }

<sup>30</sup>{01/01/2012}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI  
90-2133 LTC (0412)

Illustration No. <sup>31</sup>{XX2530-NHBLN-134649}

## Summary of Long-Term Care Insurance Coverage

QuietCare®

Prepared for <sup>1</sup>{ABC Mutual}

State of Execution: <sup>2</sup>{State}

Name	Max Monthly Limit	Elimination Period	Benefit Period	Benefit Account Value	Indexing Option*	NFB*	Survivorship Benefit*	Comp/ Spousal Discount
<sup>3</sup> {BBB, AAA}	<sup>4</sup> {6000}	<sup>5</sup> {12 Weeks}	<sup>6</sup> {Lifetime}	<sup>7</sup> {Unlimited}	<sup>8</sup> {NONE}	<sup>9</sup> {N}	<sup>10</sup> {N}	<sup>11</sup> {N}
<sup>3</sup> {CCC, BBB}	<sup>4</sup> {6000}	<sup>5</sup> {12 Weeks}	<sup>6</sup> {Lifetime}	<sup>7</sup> {Unlimited}	<sup>8</sup> {NONE}	<sup>9</sup> {N}	<sup>10</sup> {N}	<sup>11</sup> {N}
<sup>3</sup> {DDD, CCC}	<sup>4</sup> {6000}	<sup>5</sup> {12 Weeks}	<sup>6</sup> {Lifetime}	<sup>7</sup> {Unlimited}	<sup>8</sup> {NONE}	<sup>9</sup> {N}	<sup>10</sup> {N}	<sup>11</sup> {N}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>12</sup>{ Sample M. Agent }

<sup>13</sup>{01/01/2012}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI  
90-2134 LTC (0412)

Illustration No. <sup>14</sup>{XX2530-NHBLN-140210}



## Summary of Long-Term Care Insurance Premiums

*QuietCare®*

Prepared for <sup>1</sup>{ABC Mutual}

State of Execution: <sup>2</sup>{State}

Name	Age	Risk Class	Payment Duration	Annual Premium	Annual Premium with MLD	Annual Premium with SD	Total Discounted Premium
<sup>3</sup> {BBB, AAA}	<sup>4</sup> {50}	<sup>5</sup> {STD}	<sup>6</sup> {For Life}	<sup>7</sup> {\$1,722.00}	<sup>8</sup> {\$1,636.20}	<sup>9</sup> {\$1,636.20}	<sup>10</sup> {\$1,636.20}
<sup>3</sup> {CCC, BBB}	<sup>4</sup> {50}	<sup>5</sup> {STD}	<sup>6</sup> {For Life}	<sup>7</sup> {\$1,722.00}	<sup>8</sup> {\$1,636.20}	<sup>9</sup> {\$1,636.20}	<sup>10</sup> {\$1,636.20}
<sup>3</sup> {DDD, CCC}	<sup>4</sup> {50}	<sup>5</sup> {STD}	<sup>6</sup> {For Life}	<sup>7</sup> {\$1,722.00}	<sup>8</sup> {\$1,636.20}	<sup>9</sup> {\$1,636.20}	<sup>10</sup> {\$1,636.20}
Total Annual Premium:					<sup>11</sup> {\$5,166.00}		
Less: MultiLife Discount					<sup>12</sup> {\$257.40}		
Spousal/Comp. Discount					<sup>13</sup> {\$0.00}		
Total Discounted Premium:					<sup>14</sup> {\$4,908.60}		

### Initial Modal Premiums with Discount

	Annual	Semi-Annual	Quarterly	Monthly
Premium By Frequency	<sup>15</sup> {\$4,908.60}	<sup>16</sup> {\$2,513.19}	<sup>17</sup> {\$1,271.34}	<sup>18</sup> {\$427.05}
Annualized Premium	<sup>19</sup> {\$4,908.60}	<sup>20</sup> {\$5,026.38}	<sup>21</sup> {\$5,085.36}	<sup>22</sup> {\$5,124.60}
Less: Annual Premium	<sup>23</sup> {\$4,908.60}	<sup>24</sup> {\$4,908.60}	<sup>25</sup> {\$4,908.60}	<sup>26</sup> {\$4,908.60}
Amount in Excess of Annual Premium #	<sup>27</sup> {0.00}	<sup>28</sup> {\$117.78}	<sup>29</sup> {\$176.76}	<sup>30</sup> {\$216.00}

# Premium amounts for future years, the difference between the annual premium and total payments on other frequencies in future years, and an annual percentage rate (APR) calculation, may be obtained from your Financial Representative. The APR calculation is also available through [www.northwesternmutual.com](http://www.northwesternmutual.com). A Financial Representative is a licensed insurance Agent/Producer.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>31</sup>{ Sample M. Agent }

<sup>32</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2135 LTC (0412)

Illustration No. <sup>33</sup>{XX2530-NHBLN-140210}

## Cash Outlay

*QuietCare®*

For <sup>1</sup>{First M Last}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit: \$ <sup>4</sup> {6,000}	State of Execution: <sup>8</sup> {State}
Elimination Period: <sup>5</sup> {6 Weeks}	Home Health Care: <sup>9</sup> {100%}
Indexing Option: <sup>6</sup> {Automatic Additional Purchase Benefit @5%}	Benefit Period: <sup>10</sup> {6 Year}
Optional Benefits: <sup>7</sup> {Survivorship, Paid-Up Nonforfeiture Benefit}	Discounts: <sup>11</sup> {30%, 5% **}

Age	Premium with <sup>13</sup> {AAPB @ 5% **}	Divi- dend**	Cash Outlay**	<sup>17</sup> {Cumulative Premium Refund}	Maximum Monthly Limit**
<sup>12</sup> {50}	\$ <sup>14</sup> {1,612}	\$ <sup>15</sup> {0}	\$ <sup>16</sup> {1,612}	\$ {0}	\$ <sup>18</sup> {6,000}
{51}	{1,612}	{0}	{1,612}	{0}	{6,000}
{52}	{1,700}	{0}	{1,700}	{0}	{6,300}
{53}	{1,799}	{0}	{1,799}	{0}	{6,615}
{54}	{1,908}	{0}	{1,908}	{0}	{6,946}
{55}	{1,908}	{17}	{1,890}	{0}	{6,946}
{56}	{1,908}	{53}	{1,854}	{0}	{6,946}
{57}	{1,908}	{90}	{1,817}	{0}	{6,946}
{58}	{1,908}	{129}	{1,778}	{0}	{6,946}
{59}	{1,908}	{170}	{1,737}	{0}	{6,946}
{60}	{1,908}	{212}	{1,695}	{0}	{6,946}
{61}	{1,908}	{255}	{1,653}	{0}	{6,946}
{62}	{1,908}	{297}	{1,610}	{0}	{6,946}
{63}	{1,908}	{339}	{1,568}	{0}	{6,946}
{64}	<u>{1,908}</u>	<u>{382}</u>	<u>{1,526}</u>	{0}	{6,946}
Total Outlay	\$ <sup>19</sup> {27,706}		\$ <sup>20</sup> {25,757}		

<sup>21</sup> {\*\* Premiums reflect a <sup>22</sup>{Spousal Two Insured Discount of 30% and a 5% MultiLife Discount.} The MultiLife discount is subject to minimum eligible participation requirements.}

<sup>22</sup> {\*\*\* Columns illustrate a hypothetical claim at age 85, refusal of AAPB increase at ages 51 and 55 if applicable, and assume full use of the Maximum Monthly Limit. This illustration does not reflect reductions to the Benefit Account Value Remaining after payment of benefits for a future claim. Dividend will not be used to reduce premiums when a policy is on waiver. Dividends earned while on waiver will reduce future premiums upon recovery, or paid out upon policy termination.}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>23</sup>{Sample M. Agent}

<sup>24</sup>{08/16/2011}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2308 LTC (0412)

TT (2013) <sup>25</sup>{Class 1}  
Illustration No. <sup>26</sup>{XX2640-NHBLN-141137}

## Cash Outlay

*QuietCare®*

For <sup>1</sup>{First M Last}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit: \$ <sup>4</sup> {6,000}	State of Execution: <sup>8</sup> {State}
Elimination Period: <sup>5</sup> {6 Weeks}	Home Health Care: <sup>9</sup> {100%}
Indexing Option: <sup>6</sup> {Automatic Additional Purchase Benefit @5%}	Benefit Period: <sup>10</sup> {6 Year}
Optional Benefits: <sup>7</sup> {Survivorship, Paid-Up Nonforfeiture Benefit}	Discounts: <sup>11</sup> {30%, 5% **}

Age	Premium with <sup>13</sup> {AAPB @ 5% **}	Divi- dend**	Cash Outlay**	<sup>17</sup> {Cumulative Premium Refund}	Maximum Monthly Limit**
<sup>12</sup> {65}	\$ <sup>14</sup> {1,908}	\$ <sup>15</sup> {424}	\$ <sup>16</sup> {1,483}	\$ {0}	\$ <sup>18</sup> {6,946}
{66}	{1,908}	{430}	{1,477}	{0}	{6,946}
{67}	{1,908}	{437}	{1,470}	{0}	{6,946}
{68}	{1,908}	{441}	{1,466}	{0}	{6,946}
{69}	{1,908}	{444}	{1,463}	{0}	{6,946}
{70}	{1,908}	{444}	{1,463}	{0}	{6,946}
{71}	{1,908}	{444}	{1,463}	{0}	{6,946}
{72}	{1,908}	{444}	{1,463}	{0}	{6,946}
{73}	{1,908}	{444}	{1,463}	{0}	{6,946}
{74}	{1,908}	{444}	{1,463}	{0}	{6,946}
{75}	{1,908}	{444}	{1,463}	{0}	{6,946}
{76}	{1,908}	{444}	{1,463}	{0}	{6,946}
{77}	{1,908}	{444}	{1,463}	{0}	{6,946}
{78}	{1,908}	{444}	{1,463}	{0}	{6,946}
{79}	<u>{1,908}</u>	<u>{444}</u>	<u>{1,463}</u>	{0}	{6,946}
Total Outlay	\$ <sup>19</sup> {56,319}		\$ <sup>20</sup> {47,749}		

<sup>21</sup>{\* Premiums reflect a Spousal Two Insured Discount of 30% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.}

<sup>22</sup>{\*\* Columns illustrate a hypothetical claim at age 85, refusal of AAPB increase at ages 51 and 55 if applicable, and assume full use of the Maximum Monthly Limit. This illustration does not reflect reductions to the Benefit Account Value Remaining after payment of benefits for a future claim. Dividend will not be used to reduce premiums when a policy is on waiver. Dividends earned while on waiver will reduce future premiums upon recovery, or paid out upon policy termination.}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>23</sup>{Sample M. Agent}

<sup>24</sup>{08/16/2011}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2308 LTC (0412)

TT (2013) <sup>25</sup>{Class 1}

Illustration No. <sup>26</sup>{XX2640-NHBLN-141137}

## Cash Outlay

*QuietCare®*

For <sup>1</sup>{First M Last}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit: \$<sup>4</sup>{6,000}

Elimination Period: <sup>5</sup>{6 Weeks}

Indexing Option: <sup>6</sup>{Automatic Additional Purchase Benefit @5%}

Optional Benefits: <sup>7</sup>{Survivorship, Paid-Up Nonforfeiture Benefit}

State of Execution: <sup>8</sup>{State}

Home Health Care: <sup>9</sup>{100%}

Benefit Period: <sup>10</sup>{6 Year}

Discounts: <sup>11</sup>{30%, 5% \*\*}

<u>Age</u>	Premium with <sup>13</sup> {AAPB @ 5% **}	Divi- dend** <sup>15</sup> {444}	Cash Outlay** <sup>16</sup> {1,463}	<sup>17</sup> {Cumulative Premium Refund}	Maximum Monthly Limit** <sup>18</sup> {6,946}
<sup>12</sup> {80}	\$ <sup>14</sup> {1,908}			\$ {0}	
{81}	{1,908}	{444}	{1,463}	{0}	{6,946}
{82}	{1,908}	{444}	{1,463}	{0}	{6,946}
{83}	{1,908}	{444}	{1,463}	{0}	{6,946}
{84}	{1,908}	{444}	{1,463}	{0}	{6,946}
{85}	{0}	{444}	{0}	{0}	{7,293}
{86}	{0}	{444}	{0}	{0}	{7,658}
{87}	{0}	{444}	{0}	{0}	{8,041}
{88}	{0}	{444}	{0}	{0}	{8,443}
{89}	{0}	{444}	{0}	{0}	{8,865}
{90}	<u>{0}</u>	<u>{458}</u>	<u>{0}</u>	<u>{0}</u>	<u>{9,308}</u>
Total Outlay	\$ <sup>19</sup> {65,857}		\$ <sup>20</sup> {55,066}		

<sup>21</sup>{\* Premiums reflect a Spousal Two Insured Discount of 30% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.}

<sup>22</sup>{\*\* Columns illustrate a hypothetical claim at age 85, refusal of AAPB increase at ages 51 and 55 if applicable, and assume full use of the Maximum Monthly Limit. This illustration does not reflect reductions to the Benefit Account Value Remaining after payment of benefits for a future claim. Dividend will not be used to reduce premiums when a policy is on waiver. Dividends earned while on waiver will reduce future premiums upon recovery, or paid out upon policy termination.}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>23</sup>{Sample M. Agent}

<sup>24</sup>{08/16/2011}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2308 LTC (0412)

TT (2013) <sup>25</sup>{Class 1}

Illustration No. <sup>26</sup>{XX2640-NHBLN-141137}

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**Annual Aggregate Cash Outlay for Two Policies***QuietCare®*<sup>1</sup>{BBB, AAA}, Age <sup>2</sup>{50}, <sup>3</sup>{Female}<sup>1</sup>{CCC, BBB}, Age <sup>2</sup>{50}, <sup>3</sup>{Male}State of Execution: <sup>4</sup>{State}

Policy <u>Year</u>	<u>Year</u>	Aggregate <u>Cash Outlay*</u>	Cumulative Aggregate <u>Cash Outlay*</u>
<sup>5</sup> {1}	<sup>6</sup> {2010}	<sup>7</sup> { \$2,411 }	<sup>8</sup> { \$2,411 }
<sup>5</sup> {2}	<sup>6</sup> {2011}	<sup>7</sup> { 2,411 }	<sup>8</sup> { 4,822 }
<sup>5</sup> {3}	<sup>6</sup> {2012}	<sup>7</sup> { 2,411 }	<sup>8</sup> { 7,232 }
<sup>5</sup> {4}	<sup>6</sup> {2013}	<sup>7</sup> { 2,411 }	<sup>8</sup> { 9,643 }
<sup>5</sup> {5}	<sup>6</sup> {2014}	<sup>7</sup> { 2,411 }	<sup>8</sup> { 12,054 }
<sup>5</sup> {6}	<sup>6</sup> {2015}	<sup>7</sup> { 2,375 }	<sup>8</sup> { 14,429 }
<sup>5</sup> {7}	<sup>6</sup> {2016}	<sup>7</sup> { 2,302 }	<sup>8</sup> { 16,731 }
<sup>5</sup> {8}	<sup>6</sup> {2017}	<sup>7</sup> { 2,230 }	<sup>8</sup> { 18,961 }
<sup>5</sup> {9}	<sup>6</sup> {2018}	<sup>7</sup> { 2,158 }	<sup>8</sup> { 21,119 }
<sup>5</sup> {10}	<sup>6</sup> {2019}	<sup>7</sup> { 2,085 }	<sup>8</sup> { 23,204 }
<sup>5</sup> {15}	<sup>6</sup> {2024}	<sup>7</sup> { 1,724 }	<sup>8</sup> { 32,546 }
<sup>5</sup> {20}	<sup>6</sup> {2029}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 40,803 }
<sup>5</sup> {25}	<sup>6</sup> {2034}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 49,060 }
<sup>5</sup> {30}	<sup>6</sup> {2039}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 57,317 }
<sup>5</sup> {35}	<sup>6</sup> {2044}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 65,574 }
<sup>5</sup> {40}	<sup>6</sup> {2049}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 73,831 }
<sup>5</sup> {45}	<sup>6</sup> {2054}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 82,088 }
<sup>5</sup> {50}	<sup>6</sup> {2059}	<sup>7</sup> { 1,651 }	<sup>8</sup> { 90,345 }
<sup>5</sup> {55}	<sup>6</sup> {2064}	<sup>7</sup> { ** }	<sup>8</sup> { ** }
<sup>5</sup> {60}	<sup>6</sup> {2069}	<sup>7</sup> { ** }	<sup>8</sup> { ** }

Total Cash Outlay

Paid @Policy Year 60\*: <sup>9</sup>{ \$91,996 }

\*Aggregate Cash Outlay includes the individual Cash Outlay for all policies listed on the Joint Benefit Summary page.

\*\*This page illustrates what the Annual Aggregate Cash Outlay and Cumulative Aggregate Cash Outlay will be for the first 60 years of the policies or to age 100. Premiums, however, remain payable for the specified Payment Duration and are waived only during a qualifying claim as set forth by the Northwestern Long term Care contract.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>10</sup>{ Sample M. Agent }<sup>11</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2314 LTC (0412)

Illustration No. <sup>12</sup>{XX2530-NHBLN-134649}

## Annual Aggregate Cash Outlay for Multiple Policies

*QuietCare®*

Prepared for <sup>1</sup>{ABC Mutual}

State of Execution: <sup>2</sup>{State}

Policy <u>Year</u>	<u>Year</u>	Aggregate <u>Cash Outlay *</u>	Cumulative Aggregate <u>Cash Outlay*</u>
<sup>3</sup> {1}	<sup>4</sup> {2010}	<sup>5</sup> { \$4,909 }	<sup>6</sup> { \$4,909 }
<sup>3</sup> {2}	<sup>4</sup> {2011}	<sup>5</sup> {4,909 }	<sup>6</sup> {9,817 }
<sup>3</sup> {3}	<sup>4</sup> {2012}	<sup>5</sup> {4,909 }	<sup>6</sup> {14,726 }
<sup>3</sup> {4}	<sup>4</sup> {2013}	<sup>5</sup> {4,909 }	<sup>6</sup> {19,634 }
<sup>3</sup> {5}	<sup>4</sup> {2014}	<sup>5</sup> {4,909 }	<sup>6</sup> {24,543 }
<sup>3</sup> {6}	<sup>4</sup> {2015}	<sup>5</sup> {4,835 }	<sup>6</sup> {29,378 }
<sup>3</sup> {7}	<sup>4</sup> {2016}	<sup>5</sup> {4,688 }	<sup>6</sup> {34,066 }
<sup>3</sup> {8}	<sup>4</sup> {2017}	<sup>5</sup> {4,540 }	<sup>6</sup> {38,606 }
<sup>3</sup> {9}	<sup>4</sup> {2018}	<sup>5</sup> {4,393 }	<sup>6</sup> {42,999 }
<sup>3</sup> {10}	<sup>4</sup> {2019}	<sup>5</sup> {4,246 }	<sup>6</sup> {47,245 }
<sup>3</sup> {15}	<sup>4</sup> {2024}	<sup>5</sup> {3,510 }	<sup>6</sup> {66,266 }
<sup>3</sup> {20}	<sup>4</sup> {2029}	<sup>5</sup> {3,362 }	<sup>6</sup> {83,078 }
<sup>3</sup> {25}	<sup>4</sup> {2034}	<sup>5</sup> {3,362 }	<sup>6</sup> {99,890 }
<sup>3</sup> {30}	<sup>4</sup> {2039}	<sup>5</sup> {3,362 }	<sup>6</sup> {116,702 }
<sup>3</sup> {35}	<sup>4</sup> {2044}	<sup>5</sup> {3,362 }	<sup>6</sup> {133,514 }
<sup>3</sup> {40}	<sup>4</sup> {2049}	<sup>5</sup> {3,362 }	<sup>6</sup> {150,326 }
<sup>3</sup> {45}	<sup>4</sup> {2054}	<sup>5</sup> {3,362 }	<sup>6</sup> {167,138 }
<sup>3</sup> {50}	<sup>4</sup> {2059}	<sup>5</sup> {3,362 }	<sup>6</sup> {183,950 }
<sup>3</sup> {55}	<sup>4</sup> {2064}	<sup>5</sup> {**}	<sup>6</sup> {**}
<sup>3</sup> {60}	<sup>4</sup> {2069}	<sup>5</sup> {**}	<sup>6</sup> {**}

Total Cash Outlay

Paid @Policy Year 60\*: <sup>7</sup>{ \$187,312 }

\*Aggregate Cash Outlay includes the individual Cash Outlay for all policies listed on the MultiLife Benefit Summary page.

\*\*This page illustrates what the Annual Aggregate Cash Outlay and Cumulative Aggregate Cash Outlay will be for the first 60 years of the policies or to age 100. Premiums, however, remain payable for the specified Payment Duration and are waived only during a qualifying claim as set forth by the Northwestern Long term Care contract.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>8</sup>{Sample M. Agent}

<sup>9</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2315 LTC (0412)

Illustration No. <sup>10</sup>{XX2530-NHBLN-140210}

## AAPB To ABI Benefit Change

*QuietCare®*

For <sup>1</sup>{Norm Weston,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option\*: <sup>6</sup>{ Automatic Additional Purchase Benefit @5% }

Optional Benefits\*: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home and Community Providers: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

<u>Age</u>	Premium with	Maximum Monthly	Premium with	<i>Cash Outlay after Policy Change has been Executed</i>		
	<u>AAPB* @5%</u>	<u>Limit</u>	<u>AAPB to 5% ABI*</u>	<u>5 Years Later</u>	<u>10 Years Later</u>	<u>15 Years Later</u>
<sup>12</sup> {50}	<sup>13</sup> { \$1,998 }	<sup>14</sup> { \$6,000 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> {51}	<sup>13</sup> { 2,102 }	<sup>14</sup> { 6,300 }	<sup>15</sup> { \$7,463 }	<sup>16</sup> { \$7,299 }	<sup>17</sup> { \$6,180 }	<sup>18</sup> { \$5,112 }
<sup>12</sup> {52}	<sup>13</sup> { 2,217 }	<sup>14</sup> { 6,615 }	<sup>15</sup> { 7,844 }	<sup>16</sup> { 7,620 }	<sup>17</sup> { 6,444 }	<sup>18</sup> { 5,373 }
<sup>12</sup> {53}	<sup>13</sup> { 2,343 }	<sup>14</sup> { 6,946 }	<sup>15</sup> { 8,284 }	<sup>16</sup> { 7,997 }	<sup>17</sup> { 6,754 }	<sup>18</sup> { 5,675 }
<sup>12</sup> {54}	<sup>13</sup> { 2,483 }	<sup>14</sup> { 7,293 }	<sup>15</sup> { 8,754 }	<sup>16</sup> { 8,399 }	<sup>17</sup> { 7,086 }	<sup>18</sup> { 5,996 }
<sup>12</sup> {55}	<sup>13</sup> { 2,637 }	<sup>14</sup> { 7,658 }	<sup>15</sup> { 9,241 }	<sup>16</sup> { 8,814 }	<sup>17</sup> { 7,428 }	<sup>18</sup> { 6,330 }
<sup>12</sup> {56}	<sup>13</sup> { 2,807 }	<sup>14</sup> { 8,041 }	<sup>15</sup> { 9,768 }	<sup>16</sup> { 9,265 }	<sup>17</sup> { 7,851 }	<sup>18</sup> { 6,691 }
<sup>12</sup> {57}	<sup>13</sup> { 2,994 }	<sup>14</sup> { 8,443 }	<sup>15</sup> { 10,313 }	<sup>16</sup> { 9,730 }	<sup>17</sup> { 8,289 }	<sup>18</sup> { 7,064 }
<sup>12</sup> {58}	<sup>13</sup> { 3,203 }	<sup>14</sup> { 8,865 }	<sup>15</sup> { 10,977 }	<sup>16</sup> { 10,307 }	<sup>17</sup> { 8,823 }	<sup>18</sup> { 7,519 }
<sup>12</sup> {59}	<sup>13</sup> { 3,437 }	<sup>14</sup> { 9,308 }	<sup>15</sup> { 11,682 }	<sup>16</sup> { 10,918 }	<sup>17</sup> { 9,390 }	<sup>18</sup> { 8,002 }
<sup>12</sup> {60}	<sup>13</sup> { 3,698 }	<sup>14</sup> { 9,773 }	<sup>15</sup> { 12,440 }	<sup>16</sup> { 11,576 }	<sup>17</sup> { 9,998 }	<sup>18</sup> { 8,522 }
<sup>12</sup> {61}	<sup>13</sup> { 3,990 }	<sup>14</sup> { 10,262 }	<sup>15</sup> { 13,237 }	<sup>16</sup> { 12,317 }	<sup>17</sup> { 10,636 }	<sup>18</sup> { 9,067 }
<sup>12</sup> {62}	<sup>13</sup> { 4,315 }	<sup>14</sup> { 10,775 }	<sup>15</sup> { 14,093 }	<sup>16</sup> { 13,111 }	<sup>17</sup> { 11,320 }	<sup>18</sup> { 9,654 }
<sup>12</sup> {63}	<sup>13</sup> { 4,685 }	<sup>14</sup> { 11,314 }	<sup>15</sup> { 15,157 }	<sup>16</sup> { 14,105 }	<sup>17</sup> { 12,174 }	<sup>18</sup> { 10,382 }

\* The AAPB to ABI Change column represents what the new premium with Automatic Benefit Increase (ABI) would be at an attained age rate in a particular year (up to age 79) for this policy if it were changed to an ABI premium design. No additional underwriting is required to make this change as long as automatic benefit increases are available under the terms of the AAPB. The premium with ABI would include the cost of future coverage increases built in and will not cause your new ABI premium to increase after the policy change.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>19</sup>{ Sample M. Agent }

<sup>20</sup>{ 01/01/2012 }

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2316 LTC (0412)

TT (2013) <sup>21</sup>{ Class 1 }

Illustration No. <sup>22</sup>{ XX2530-NHBLN-145902 }

## AAPB To ABI Benefit Change

*QuietCare®*

For <sup>1</sup>{Norm Weston,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option\*: <sup>6</sup>{ Automatic Additional Purchase Benefit @5% }

Optional Benefits\*: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home and Community Providers: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

<u>Age</u>	Premium with AAPB* @5%	Maximum Monthly Limit	Premium with AAPB to 5% ABI Change**	<i>Cash Outlay after Policy Change has been Executed</i>		
				<u>5 Years Later</u>	<u>10 Years Later</u>	<u>15 Years Later</u>
<sup>12</sup> {64}	<sup>13</sup> {5,105}	<sup>14</sup> {11,880}	<sup>15</sup> { \$16,313 }	<sup>16</sup> { \$15,183 }	<sup>17</sup> { \$13,101 }	<sup>18</sup> { \$11,174 }
<sup>12</sup> {65}	<sup>13</sup> {5,582}	<sup>14</sup> {12,474}	<sup>15</sup> {17,544}	<sup>16</sup> {16,328}	<sup>17</sup> {14,086}	<sup>18</sup> {12,018}
<sup>12</sup> {66}	<sup>13</sup> {6,125}	<sup>14</sup> {13,098}	<sup>15</sup> {18,872}	<sup>16</sup> {17,560}	<sup>17</sup> {15,146}	<sup>18</sup> {12,927}
<sup>12</sup> {67}	<sup>13</sup> {6,741}	<sup>14</sup> {13,753}	<sup>15</sup> {20,303}	<sup>16</sup> {18,884}	<sup>17</sup> {16,286}	<sup>18</sup> {13,907}
<sup>12</sup> {68}	<sup>13</sup> {7,456}	<sup>14</sup> {14,441}	<sup>15</sup> {22,337}	<sup>16</sup> {20,790}	<sup>17</sup> {17,921}	<sup>18</sup> {15,301}
<sup>12</sup> {69}	<sup>13</sup> {8,285}	<sup>14</sup> {15,163}	<sup>15</sup> {24,574}	<sup>16</sup> {22,884}	<sup>17</sup> {19,718}	<sup>18</sup> {16,833}
<sup>12</sup> {70}	<sup>13</sup> {9,246}	<sup>14</sup> {15,921}	<sup>15</sup> {27,038}	<sup>16</sup> {25,186}	<sup>17</sup> {21,693}	<sup>18</sup> {18,521}
<sup>12</sup> {71}	<sup>13</sup> {10,361}	<sup>14</sup> {16,717}	<sup>15</sup> {29,770}	<sup>16</sup> {27,733}	<sup>17</sup> {23,880}	<sup>18</sup> {20,392}
<sup>12</sup> {72}	<sup>13</sup> {11,653}	<sup>14</sup> {17,553}	<sup>15</sup> {32,768}	<sup>16</sup> {30,521}	<sup>17</sup> {26,273}	<sup>18</sup> {22,446}
<sup>12</sup> {73}	<sup>13</sup> {13,144}	<sup>14</sup> {18,431}	<sup>15</sup> {36,127}	<sup>16</sup> {33,641}	<sup>17</sup> {28,952}	<sup>18</sup> {24,747}
<sup>12</sup> {74}	<sup>13</sup> {14,862}	<sup>14</sup> {19,353}	<sup>15</sup> {39,853}	<sup>16</sup> {37,092}	<sup>17</sup> {31,916}	<sup>18</sup> {27,299}
<sup>12</sup> {75}	<sup>13</sup> {16,841}	<sup>14</sup> {20,321}	<sup>15</sup> {43,925}	<sup>16</sup> {40,851}	<sup>17</sup> {35,146}	<sup>18</sup> {30,088}
<sup>12</sup> {76}	<sup>13</sup> {19,121}	<sup>14</sup> {21,337}	<sup>15</sup> {48,424}	<sup>16</sup> {44,992}	<sup>17</sup> {38,706}	<sup>18</sup> {33,170}
<sup>12</sup> {77}	<sup>13</sup> {21,749}	<sup>14</sup> {22,404}	<sup>15</sup> {53,380}	<sup>16</sup> {49,538}	<sup>17</sup> {42,619}	<sup>18</sup> {36,565}

\* The AAPB to ABI Change column represents what the new premium with Automatic Benefit Increase (ABI) would be at an attained age rate in a particular year (up to age 79) for this policy if it were changed to an ABI premium design. No additional underwriting is required to make this change as long as automatic benefit increases are available under the terms of the AAPB. The premium with ABI would include the cost of future coverage increases built in and will not cause your new ABI premium to increase after the policy change.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>19</sup>{ Sample M. Agent }

<sup>20</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2316 LTC (0412)

TT (2013) <sup>21</sup>{Class 1}  
Illustration No. <sup>22</sup>{XX2530-NHBLN-145902}



## AAPB To ABI Benefit Change

*QuietCare®*

For <sup>1</sup>{Norm Weston,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option\*: <sup>6</sup>{ Automatic Additional Purchase Benefit @5% }

Optional Benefits\*: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home and Community Providers: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

<u>Age</u>	Premium with	Maximum Monthly	Premium with AAPB to 5% ABI	<i>Cash Outlay after Policy Change has been Executed</i>		
	<u>AAPB* @5%</u>	<u>Limit</u>	<u>Change**</u>	<u>5 Years Later</u>	<u>10 Years Later</u>	<u>15 Years Later</u>
<sup>12</sup> {78}	<sup>13</sup> {24,723}	<sup>14</sup> {23,524}	<sup>15</sup> { \$58,421 }	<sup>16</sup> { \$54,116 }	<sup>17</sup> { \$46,568 }	<sup>18</sup> { \$40,018 }
<sup>12</sup> {79}	<sup>13</sup> {28,112}	<sup>14</sup> {24,700}	<sup>15</sup> {64,228}	<sup>16</sup> {59,391}	<sup>17</sup> {51,118}	<sup>18</sup> {43,996}
<sup>12</sup> {80}	<sup>13</sup> {31,976}	<sup>14</sup> {25,935}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {81}	<sup>13</sup> {36,324}	<sup>14</sup> {27,232}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {82}	<sup>13</sup> {41,215}	<sup>14</sup> {28,594}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {83}	<sup>13</sup> {46,717}	<sup>14</sup> {30,024}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {84}	<sup>13</sup> {52,905}	<sup>14</sup> {31,525}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {85}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {86}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {87}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {88}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {89}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {90}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}
<sup>12</sup> {91}	<sup>13</sup> {59,864}	<sup>14</sup> {33,101}	<sup>15</sup> {N/A}	<sup>16</sup> {N/A}	<sup>17</sup> {N/A}	<sup>18</sup> {N/A}

\* The AAPB to ABI Change column represents what the new premium with Automatic Benefit Increase (ABI) would be at an attained age rate in a particular year (up to age 79) for this policy if it were changed to an ABI premium design. No additional underwriting is required to make this change as long as automatic benefit increases are available under the terms of the AAPB. The premium with ABI would include the cost of future coverage increases built in and will not cause your new ABI premium to increase after the policy change.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>19</sup>{ Sample M. Agent }

<sup>20</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2316 LTC (0412)

TT (2013) <sup>21</sup>{Class 1}  
Illustration No. <sup>22</sup>{XX2530-NHBLN-145902}

## AAPB To ABI Benefit Change

*QuietCare®*

For <sup>1</sup>{Norm Weston,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{ \$6,000 }

Elimination Period: <sup>5</sup>{ 12 Weeks }

Indexing Option\*: <sup>6</sup>{ Automatic Additional Purchase Benefit @5% }

Optional Benefits\*: <sup>7</sup>{ None }

State of Execution: <sup>8</sup>{ State }

Home and Community Providers: <sup>9</sup>{ 100% }

Benefit Period: <sup>10</sup>{ Lifetime }

Discounts: <sup>11</sup>{ None }

<u>Age</u>	Premium with AAPB* @5%	Maximum Monthly Limit	Premium with AAPB to 5% ABI Change**	<i>Cash Outlay after Policy Change has been Executed</i>		
				<u>5 Years Later</u>	<u>10 Years Later</u>	<u>15 Years Later</u>
<sup>12</sup> { 92 }	<sup>13</sup> { \$59,864 }	<sup>14</sup> { \$33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 93 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 94 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 95 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 96 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 97 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 98 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 99 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }
<sup>12</sup> { 100 }	<sup>13</sup> { 59,864 }	<sup>14</sup> { 33,101 }	<sup>15</sup> { N/A }	<sup>16</sup> { N/A }	<sup>17</sup> { N/A }	<sup>18</sup> { N/A }

\* The AAPB to ABI Change column represents what the new premium with Automatic Benefit Increase (ABI) would be at an attained age rate in a particular year (up to age 79) for this policy if it were changed to an ABI premium design. No additional underwriting is required to make this change as long as automatic benefit increases are available under the terms of the AAPB. The premium with ABI would include the cost of future coverage increases built in and will not cause your new ABI premium to increase after the policy change.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>19</sup>{ Sample M. Agent }

<sup>20</sup>{ 01/01/2012 }

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**  
90-2316 LTC (0412)

TT (2013) <sup>21</sup>{ Class 1 }  
Illustration No. <sup>22</sup>{ XX2530-NHBLN-145902 }



## Cost Benefit Analysis

QuietCare®

For <sup>1</sup>{John Doe,} Age <sup>2</sup>{50}, <sup>3</sup>{Male}

Maximum Monthly Limit (Nursing Home Care): <sup>4</sup>{\$6,000}

Elimination Period: <sup>5</sup>{12 Weeks}

Indexing Option\*: <sup>6</sup>{Automatic Benefit Increase @5%}

Other Options\*: <sup>7</sup>{None}

State of Execution: <sup>8</sup>{State}

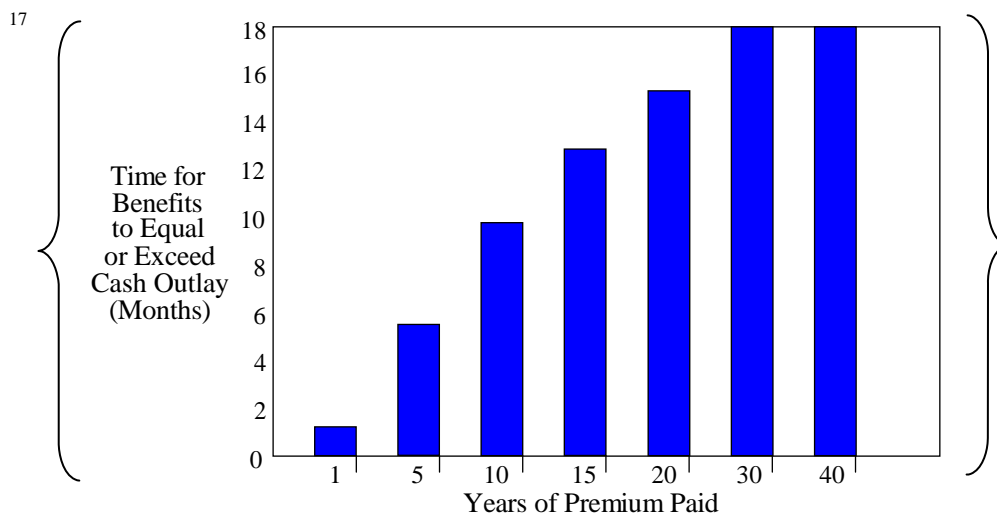
Home Health Care: <sup>9</sup>{100%}

Benefit Period: <sup>10</sup>{Lifetime}

Discounts: <sup>11</sup>{None}

The purpose of this page is to illustrate an example of how long in months and days your policy would have to pay you benefits to equal or exceed the total premium that was paid at a certain point in the life of this policy. For purposes of illustration the Cumulative Cash Outlay is credited with a 6% interest rate to reflect the time value of money (a dollar today has more value than a dollar in the future).

<u>Years of Premiums Paid</u>	<u>Age</u>	<u>Cumulative Cash Outlay</u>	<u>Maximum Monthly Limit at time of claim</u>	<u>Time for Benefits to Equal or Exceed Cash Outlay +</u>
<sup>12</sup> {1}	<sup>13</sup> {50}	<sup>14</sup> { \$7,098 }	<sup>15</sup> { \$6000 }	<sup>16</sup> { 1 Months, 6 Days }
<sup>12</sup> {5}	<sup>13</sup> {54}	<sup>14</sup> { \$40,012 }	<sup>15</sup> { \$7293 }	<sup>16</sup> { 5 Months, 15 Days }
<sup>12</sup> {10}	<sup>13</sup> {59}	<sup>14</sup> { \$90,696 }	<sup>15</sup> { \$9308 }	<sup>16</sup> { 9 Months, 23 Days }
<sup>12</sup> {15}	<sup>13</sup> {64}	<sup>14</sup> { \$152,521 }	<sup>15</sup> { \$11880 }	<sup>16</sup> { 12 Months, 26 Days }
<sup>12</sup> {20}	<sup>13</sup> {69}	<sup>14</sup> { \$231,516 }	<sup>15</sup> { \$15163 }	<sup>16</sup> { 15 Months, 9 Days }
<sup>12</sup> {30}	<sup>13</sup> {79}	<sup>14</sup> { \$478,696 }	<sup>15</sup> { \$24700 }	<sup>16</sup> { 19 Months, 12 Days }
<sup>12</sup> {40}	<sup>13</sup> {89}	<sup>14</sup> { \$921,358 }	<sup>15</sup> { \$40235 }	<sup>16</sup> { 22 Months, 27 Days }



+Assumes a full use of the Maximum Monthly Limit. Assumes 30 days in a month. Does not reflect indexing or interest while on claim.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>18</sup>{Sample M. Agent}

<sup>19</sup>{01/01/2012}

Northwestern Long Term Care Insurance Company, a subsidiary of  
The Northwestern Mutual Life Insurance Company, Milwaukee, WI  
90-2349 LTC (0412)

TT (2013) <sup>20</sup>{Class 1}  
Illustration No. <sup>21</sup>{XX2520-NHBLN-093823}

## Composite of Long Term Care Insurance Coverage

QuietCare®

Prepared for <sup>1</sup>{first last}

<u>Name</u>	<u>Maximum Monthly Limit</u>	<u>Elimination Period</u>	<u>Benefit Period</u>	<u>Benefit Account Value</u>	<u>Indexing Option</u>	<u>NFB</u>	<u>Survivor- ship Benefit</u>	<u>Spousal/ Companion Discount</u>	<u>Multi- Life Discount</u>
<sup>2</sup> {last, first}	<sup>3</sup> {3,200}	<sup>4</sup> {25 Weeks}	<sup>5</sup> {3 Year}	<sup>6</sup> {\$115,200}	<sup>7</sup> {ABI 5%}	<sup>8</sup> {N}	<sup>9</sup> {N}	<sup>10</sup> {30%}	<sup>11</sup> {N}
<sup>2</sup> {last, first}	<sup>3</sup> {3,200}	<sup>4</sup> {25 Weeks}	<sup>5</sup> {3 Year}	<sup>6</sup> {\$115,200}	<sup>7</sup> {ABI 5%}	<sup>8</sup> {N}	<sup>9</sup> {N}	<sup>10</sup> {30%}	<sup>11</sup> {N}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>12</sup>{Sample M. Agent}

<sup>13</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2425-02 LTC (0412)

Illustration No. <sup>14</sup>{XX2530-NHBLN-163100}

## Composite of Long Term Care Insurance Premiums

QuietCare®

Prepared for <sup>1</sup>{first last}

<u>Name</u>	<u>Age</u>	<u>Risk</u> <u>Class</u>	<u>Premium</u> <u>Duration</u>	<u>Annual</u> <u>Premium</u>	Less		<u>Total</u> <u>Discounted</u> <u>Premium</u>
					MultiLife Discount	Spousal/ Companion Discount	
<sup>2</sup> {last, first}	<sup>3</sup> {55}	<sup>4</sup> {STD}	<sup>5</sup> {For Life}	<sup>6</sup> {\$5,000}	<sup>7</sup> {\$0.00}	<sup>8</sup> {\$681.60*}	<sup>9</sup> {\$1,590.40}
<sup>2</sup> {last, first}	<sup>3</sup> {55}	<sup>4</sup> {STD}	<sup>5</sup> {For Life}	<sup>6</sup> {\$5,000}	<sup>7</sup> {\$0.00}	<sup>8</sup> {\$681.60*}	<sup>9</sup> {\$1,590.40}

Total Annual Premium:	<sup>10</sup> {\$4,544.00}
Less: MultiLife Discount*	<sup>11</sup> {\$0.00}
Spousal/Comp. Discount*	<sup>12</sup> {\$1,363.20}
Total Discounted Premium:	<sup>13</sup> {\$3,180.80}

\* Includes premium discounts where applicable. Refer to the Summary of Long-Term Care Insurance Coverage page for discount percentages.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>14</sup>{Sample M. Agent}

<sup>15</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2425-03 LTC (0412)

Illustration No. <sup>16</sup>{XX2530-NHBLN-163100}

## Composite of Cash Outlay for Multiple Long Term Care Policies

QuietCare®

Prepared for <sup>1</sup>{first last}

Policy		Discounted		Cash	Maximum
<u>Year</u>	<u>Year</u>	<u>Premium*</u>	<u>Dividend</u>	<u>Outlay</u>	<u>Monthly Limit</u>
<sup>2</sup> {1}	<sup>3</sup> {2010}	<sup>4</sup> { \$3,181 }	<sup>5</sup> { \$0 }	<sup>6</sup> { \$3,248 }	<sup>7</sup> { \$6,400 }
<sup>2</sup> {2}	<sup>3</sup> {2011}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 0 }	<sup>6</sup> { 3,252 }	<sup>7</sup> { 6,720 }
<sup>2</sup> {3}	<sup>3</sup> {2012}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 0 }	<sup>6</sup> { 3,256 }	<sup>7</sup> { 7,056 }
<sup>2</sup> {4}	<sup>3</sup> {2013}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 0 }	<sup>6</sup> { 3,260 }	<sup>7</sup> { 7,408 }
<sup>2</sup> {5}	<sup>3</sup> {2014}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 0 }	<sup>6</sup> { 3,265 }	<sup>7</sup> { 7,778 }
<sup>2</sup> {6}	<sup>3</sup> {2015}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 47 }	<sup>6</sup> { 3,222 }	<sup>7</sup> { 8,166 }
<sup>2</sup> {7}	<sup>3</sup> {2016}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 143 }	<sup>6</sup> { 3,131 }	<sup>7</sup> { 8,574 }
<sup>2</sup> {8}	<sup>3</sup> {2017}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 238 }	<sup>6</sup> { 3,040 }	<sup>7</sup> { 9,002 }
<sup>2</sup> {9}	<sup>3</sup> {2018}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 334 }	<sup>6</sup> { 2,949 }	<sup>7</sup> { 9,452 }
<sup>2</sup> {10}	<sup>3</sup> {2019}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 429 }	<sup>6</sup> { 2,860 }	<sup>7</sup> { 9,924 }
<sup>2</sup> {11}	<sup>3</sup> {2020}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 524 }	<sup>6</sup> { 2,773 }	<sup>7</sup> { 10,420 }
<sup>2</sup> {12}	<sup>3</sup> {2021}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 620 }	<sup>6</sup> { 2,686 }	<sup>7</sup> { 10,942 }
<sup>2</sup> {13}	<sup>3</sup> {2022}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 715 }	<sup>6</sup> { 2,600 }	<sup>7</sup> { 11,490 }
<sup>2</sup> {14}	<sup>3</sup> {2023}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 811 }	<sup>6</sup> { 2,516 }	<sup>7</sup> { 12,064 }
<sup>2</sup> {15}	<sup>3</sup> {2024}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 906 }	<sup>6</sup> { 2,435 }	<sup>7</sup> { 12,668 }
<sup>2</sup> {16}	<sup>3</sup> {2025}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 2,356 }	<sup>7</sup> { 13,302 }
<sup>2</sup> {17}	<sup>3</sup> {2026}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 2,377 }	<sup>7</sup> { 13,968 }
Totals		<sup>8</sup> { \$54,074 }		<sup>9</sup> { \$49,226 }	

\* Includes premium discounts where applicable. Refer to the Summary of Long-Term Care Insurance Coverage page for discount percentages.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>10</sup>{Sample M. Agent}

<sup>11</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2425-04 LTC (0412)

Illustration No. <sup>12</sup>{XX2530-NHBLN-163100}

# Composite of Cash Outlay for Multiple Long Term Care Policies

QuietCare®

Prepared for <sup>1</sup>{first last}

Policy		Discounted		Cash	Maximum
<u>Year</u>	<u>Year</u>	<u>Premium*</u>	<u>Dividend</u>	<u>Outlay</u>	<u>Monthly Limit</u>
<sup>2</sup> {18}	<sup>3</sup> {2027}	<sup>4</sup> {\$3,181}	<sup>5</sup> {\$1,001}	<sup>6</sup> {\$2,402}	<sup>7</sup> {\$14,666}
<sup>2</sup> {19}	<sup>3</sup> {2028}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,431}	<sup>7</sup> {15,400}
<sup>2</sup> {20}	<sup>3</sup> {2029}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,464}	<sup>7</sup> {16,170}
<sup>2</sup> {21}	<sup>3</sup> {2030}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,502}	<sup>7</sup> {16,978}
<sup>2</sup> {22}	<sup>3</sup> {2031}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,546}	<sup>7</sup> {17,826}
<sup>2</sup> {23}	<sup>3</sup> {2032}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,597}	<sup>7</sup> {18,718}
<sup>2</sup> {24}	<sup>3</sup> {2033}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,655}	<sup>7</sup> {19,654}
<sup>2</sup> {25}	<sup>3</sup> {2034}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,721}	<sup>7</sup> {20,636}
<sup>2</sup> {26}	<sup>3</sup> {2035}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,796}	<sup>7</sup> {21,668}
<sup>2</sup> {27}	<sup>3</sup> {2036}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,881}	<sup>7</sup> {22,752}
<sup>2</sup> {28}	<sup>3</sup> {2037}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {2,978}	<sup>7</sup> {23,890}
<sup>2</sup> {29}	<sup>3</sup> {2038}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {3,084}	<sup>7</sup> {25,084}
<sup>2</sup> {30}	<sup>3</sup> {2039}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {3,204}	<sup>7</sup> {26,338}
<sup>2</sup> {31}	<sup>3</sup> {2040}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {3,339}	<sup>7</sup> {27,654}
<sup>2</sup> {32}	<sup>3</sup> {2041}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {3,323}	<sup>7</sup> {29,036}
<sup>2</sup> {33}	<sup>3</sup> {2042}	<sup>4</sup> {3,181}	<sup>5</sup> {1,001}	<sup>6</sup> {3,305}	<sup>7</sup> {30,488}
<sup>2</sup> {34}	<sup>3</sup> {2043}	<sup>4</sup> <u>{3,181}</u>	<sup>5</sup> {1,001}	<sup>6</sup> {3,285}	<sup>7</sup> {32,012}
Totals		<sup>8</sup> {\$108,147}		<sup>9</sup> {\$97,740}	

\* Includes premium discounts where applicable. Refer to the Summary of Long-Term Care Insurance Coverage page for discount percentages.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>10</sup>{Sample M. Agent}

<sup>11</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2425-04 LTC (0412)

Illustration No. <sup>12</sup>{XX2530-NHBLN-163100}

# Composite of Cash Outlay for Multiple Long Term Care Policies

QuietCare®

Prepared for <sup>1</sup>{first last}

Policy		Discounted		Cash	Maximum
<u>Year</u>	<u>Year</u>	<u>Premium*</u>	<u>Dividend</u>	<u>Outlay</u>	<u>Monthly Limit</u>
<sup>2</sup> {35}	<sup>3</sup> {2044}	<sup>4</sup> { \$3,181 }	<sup>5</sup> { \$1,001 }	<sup>6</sup> { \$3,261 }	<sup>7</sup> { \$33,612 }
<sup>2</sup> {36}	<sup>3</sup> {2045}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,235 }	<sup>7</sup> { 35,292 }
<sup>2</sup> {37}	<sup>3</sup> {2046}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,207 }	<sup>7</sup> { 37,056 }
<sup>2</sup> {38}	<sup>3</sup> {2047}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,181 }	<sup>7</sup> { 38,908 }
<sup>2</sup> {39}	<sup>3</sup> {2048}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,157 }	<sup>7</sup> { 40,854 }
<sup>2</sup> {40}	<sup>3</sup> {2049}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,135 }	<sup>7</sup> { 42,896 }
<sup>2</sup> {41}	<sup>3</sup> {2050}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,114 }	<sup>7</sup> { 45,040 }
<sup>2</sup> {42}	<sup>3</sup> {2051}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,096 }	<sup>7</sup> { 47,292 }
<sup>2</sup> {43}	<sup>3</sup> {2052}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,081 }	<sup>7</sup> { 49,656 }
<sup>2</sup> {44}	<sup>3</sup> {2053}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,069 }	<sup>7</sup> { 52,138 }
<sup>2</sup> {45}	<sup>3</sup> {2054}	<sup>4</sup> { 3,181 }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,061 }	<sup>7</sup> { 54,744 }
<sup>2</sup> {46}	<sup>3</sup> {2055}	<sup>4</sup> { <u>3,181</u> }	<sup>5</sup> { 1,001 }	<sup>6</sup> { 3,056 }	<sup>7</sup> { 57,482 }
Totals		<sup>8</sup> { \$146,317 }		<sup>9</sup> { \$135,395 }	

\* Includes premium discounts where applicable. Refer to the Summary of Long-Term Care Insurance Coverage page for discount percentages.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>10</sup>{Sample M. Agent}

<sup>11</sup>{01/01/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2425-04 LTC (0412)

Illustration No. <sup>12</sup>{XX2530-NHBLN-163100}



## Disclosure Statement

Cash outlay equals premiums less illustrated dividends. See Cash Outlay pages for details. Illustrated dividends reflect current (<sup>1</sup>{2012} scale) claim, expense and investment experience. They are not estimates or a guarantee of future results. Any such dividends are declared annually by the Company in its discretion. There is no guaranteed specific method or formula for the determination and allocation of dividends. Accordingly, the Company's approach is subject to change. Dividends for long-term care insurance policies are sensitive to investment returns, claim, and expense experience. These factors will change after the current dividend scale is determined. Claim, expense, and/or investment experience may change after the current dividend scale is determined. The illustrated values are based on the assumption that non-guaranteed dividends currently illustrated will continue unchanged under the current scale for all years shown. This is not likely to occur and actual dividends likely will be larger or smaller than illustrated, and may be zero as a result of changes in the dividend scale. Any dividends will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund (Cumulative Premium Refund) which may not exceed the aggregate premiums paid by the client under the policy. If the Cumulative Premium Refund equals the aggregate premiums paid by the client, additional dividends will no longer be payable. The Cumulative Premium Refund will be paid at the earlier of cancellation or termination of the policy or death of the insured. The illustrated Cumulative Premium Refund is subject to changes in the dividend scale. If there is no Cumulative Premium Refund under the current dividend scale, it will not be displayed in this illustration.

The purpose of this material is for the marketing and solicitation of insurance. For illustration purposes only. The final premium for the coverage requested is subject to underwriting limits and approval. The amount of benefits provided depends on the benefits that are selected. The premium varies with the amount of benefits selected. This policy provides guaranteed renewable coverage and will remain in force as long as premiums are paid. The Company retains the right to change premiums by class.

Long-Term Care Insurance Policy forms TT.LTC.(1010) and TT.LTC.(0213). Form numbers may vary by state. Long-Term Care Insurance Policy forms TT.LTC.ML.(1010) and TT.LTC.ML.(0213) are only available in New Jersey, New York, Ohio, and Pennsylvania.

Long-Term Care Insurance Policy form TT.LTC.LP.(0213) is only available in Texas.

Long-Term Care Insurance Policy form TT.LTCN.(0213) is only available in Massachusetts.

Presented By:<sup>2</sup>{ Sample M. Agent }

<sup>3</sup>{04/03/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2436 LTC (0213)

TT (2013) <sup>4</sup>{Class 1}

Illustration No. <sup>5</sup>{XX2700-NHBLN-085236}

## Partnership Plan Requirements

*QuietCare®*

The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning for their long-term care needs. Some long-term care insurance policies sold in your state qualify for the state's Long Term Care Insurance Partnership Program. Long-term care insurance policies that qualify as Partnership policies may protect the policyholder's assets through a feature known as "asset disregard." This feature applies special Medicaid eligibility rules to persons who have received benefits under a qualified Partnership policy.

"Asset disregard" allows a person to keep assets equal to the benefit amounts received under a qualified Partnership policy without affecting the person's eligibility for Medicaid. Asset disregard is **not** available under a long-term care insurance policy that is not a Partnership policy.

While Partnership Program policies offer some asset protection for persons with limited assets, they do not change Medicaid qualification standards. Therefore, for consumers who have more than the state minimum of income at the time they apply for Medicaid benefits, Partnership policies may not provide any protection in addition to what is already afforded by the existing long-term care policy.

Furthermore, once an insured needs to have services paid for by Medicaid, he or she may have fewer choices of types of providers for his or her care because the long-term care insurance policy covers a broader range of service providers than Medicaid currently covers, and Medicaid does not define what may be covered in the future.

In order for a Northwestern Long Term Care insurance policy to qualify as a Partnership policy in your state, the following is required:

- The policy must be issued on or after January 1, 2008;
- For those ages 75 or less at date of issue, the policy must have the Automatic Benefit Increase (ABI) inflation protection option (the Automatic Additional Purchase Benefit (AAPB) option does not qualify as inflation protection); and
- The applicant must be a resident of the state at the time of purchase, and the state of execution must match the state of residence to ensure appropriate certifications of the Partnership policy.

All Northwestern Long Term Care policyowners whose policies meet the preceding requirements will receive a Partnership Notice confirming that the policy qualifies as a Partnership policy.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: <sup>1</sup>{Northwestern Mutual}

<sup>2</sup>{08/02/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2342-83 LTC (0412)

TT (2013) <sup>3</sup>{Class 1}

Illustration No. <sup>4</sup>{XX2530-NHBLN-140210}

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	Approved	12/17/2012
Comments:			
Attachment(s):	1 SOV 90-2118 LTC (0412).pdf 1 SOV 90-2120 LTC (0412).pdf 1 SOV 90-2125 LTC (0412).pdf 1 SOV 90-2129 LTC (0412).pdf 1 SOV 90-2132 LTC (0412).pdf 1 SOV 90-2112 LTC (0412).pdf 1 SOV 90-2113 LTC (0412).pdf 1 SOV 90-2115 LTC (0412).pdf 1 SOV 90-2116 LTC (0412).pdf 1 SOV 90-2117 LTC (0412).pdf 1 SOV 90-2133 LTC (0412).pdf 1 SOV 90-2134 LTC (0412).pdf 1 SOV 90-2135 LTC (0412).pdf 1 SOV 90-2308 LTC (0412).pdf 1 SOV 90-2314 LTC (0412).pdf 1 SOV 90-2315 LTC (0412).pdf 1 SOV 90-2316 LTC (0412).pdf 1 SOV 90-2349 LTC (0412).pdf 1 SOV 90-2425-02 LTC (0412).pdf 1 SOV 90-2425-03 LTC (0412).pdf 1 SOV 90-2436 LTC (0213).pdf AR SOV 90-2342-83 LTC (0412).pdf 1 SOV 90-2425-04 LTC (0412).pdf		

# Statement of Variability

For Advertising Form 90-2118 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. State of Execution	First line of text under the title (right side)	State in which the policy will be issued
5. Long-term care event beginning age	Second line of text in paragraph above table (first field)	19-99 (from (policy issue age + 1) to age 99)
6. Long-term care event duration (in years)	Second line of text in paragraph above table (second field)	1-10
7. Current annual cost of care	Second line of text in paragraph above table (third field)	\$18,250 - \$182,500
8. Year	First column in table	The calendar year in which the first day of the policy year for each given age from the table falls
9. Age	Second column in table	19-100 (starting with the long-term care event beginning age, ending with (long-term care event beginning age + long-term care event duration - 1), and showing all ages in between)
10. Current Annual Cost	Second row of header above third (blank) column in table	\$18,250 - \$182,500
11. Future Annual Cost	Fourth column in table	The current annual cost inflated from the policy issue age to each given age from the table (from \$19,163 - \$x,xxx?, based on the policy design)

12. Total Resources Needed to Fund Future Expense	First row under the table, fourth column	The cumulative annual cost for the entire long-term care event duration (from \$19,163 - \$x,xxx?, based on the policy design)
13. After-tax return	First line of text in paragraph below table (first field)	2% - 8%
14. Single investment	First line of text in paragraph below table (second field)	Single investment amount required to accumulate (at the after-tax interest rate) to the cumulative annual cost (from \$1 - \$x,xxx?, based on the policy design)
15. Future long-term care expense	Second line of text in paragraph below table	The cumulative annual cost for the entire long-term care event duration (from \$19,163 - \$x,xxx?, based on the policy design)
16. Hypothetical claim age	First row of text within (*) footnote (first field)	19-99 (from (policy issue age + 1) to age 99)
17. Hypothetical claim duration	First row of text within (*) footnote (second field)	1-10
18. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
19. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
20. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
21. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2120 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title	Name of insured
2. Agent name	Single line of text under the header in the first paragraph (right column)	Name of financial representative
3. First name	First line of text under the header in the second paragraph (right column)	First name of insured
4. Last name	Second line of text under the header in the second paragraph (right column)	Last name of insured
5. Sex	Third line of text under the header in the second paragraph (right column)	Male or Female
6. Insurable Age	Fourth line of text under the header in the second paragraph (right column)	18-79
7. Risk Class	Fifth line of text under the header in the second paragraph (right column)	Standard, Class 1 or Class 2
8. Discount	Sixth line of text under the header in the second paragraph (right column)	Spousal One insured 10%, Spousal One insured 15%, Spousal Two insured 30%, Companion One insured 10%, Companion One insured 15%, Companion Two insured 30%, or None
9. MultiLife Discount	Seventh line of text under the header in the second paragraph (right column)	Yes or No
10. Maximum Monthly Limit	First line of text under the header in the third paragraph (right column)	\$1,500 - \$12,000
11. Home Health Care	Second line of text under the header in the third paragraph (right column)	100%
12. Elimination Period	Third line of text under the header in the third paragraph (right column)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
13. Benefit Period	Fourth line of text under the	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.

	header in the third paragraph (right column)	
14. Payment Duration	Fifth line of text under the header in the third paragraph (right column)	10 Pay, To Age 65, or For Life
15. Additional benefits	Sixth line of text under the header in the third paragraph (left column)	<ul style="list-style-type: none"> <li>- Automatic Benefit Increase</li> <li>- Automatic Additional Purchase Benefits</li> <li>- Paid-Up Nonforfeiture</li> <li>- Survivorship Benefit</li> </ul>
16. Automatic Benefit Increase (ABI) indexing percentage	Sixth line of text under the header in the third paragraph (right column)	3%, 4% or 5% (This field only appears if the Automatic Benefit Increase (ABI) indexing option is selected)
17. Illustrate Hypothetical Claim	Seventh line of text under the header in the third paragraph (right column)	Yes or No (If “Yes”, then a “Hypothetical Claim Age” (19-100, from (policy issue age + 1) to 100) is also selected)
18. State of Residence	First line of text under the header in the fourth paragraph (right column)	State in which the insured resides
19. State of Execution	Second line of text under the header in the fourth paragraph (right column)	State in which the policy will be issued
20. State of Presentation	Third line of text under the header in the fourth paragraph (right column)	State in which the illustration is being presented
21. Cover Page – Date	Sixth line of text under the header in the fourth paragraph (right column)	Date on which the illustration is being run
22. Illustration page options	Bracketed information at bottom of first page/top of second page	Various options to determine which illustration pages are produced and which options appear on those pages
23. Risk Class	Last line of text at bottom of page (left side)	Standard, Class 1 or Class 2
24. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2125 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Other Options	Third line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
6. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
7. Discounts	Third line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
8. Premiums without either indexing option	Fourth, fifth and sixth columns in the first table	The total initial annual premium for the policy without either indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year and Lifetime) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
9. Automatic Additional Purchase Benefit (AAPB) indexing percentage	Header row above second table (at right end of text)	5%
10. Premiums with Automatic Additional Purchase	Fourth, fifth and sixth columns in the second table	The total initial annual premium for the policy with the Automatic Additional



Benefit (AAPB) indexing option at 5%		Purchase Benefit indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year and Lifetime) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
11. Automatic Benefit Increase (ABI) indexing percentage	Header row above third table (at right end of text)	3%, 4% or 5%
12. Premiums with Automatic Benefit Increase (ABI) indexing option at x%	Fourth, fifth and sixth columns in the third table	The total initial annual premium for the policy with the Automatic Benefit Increase (at x%) indexing option, based on the various Elimination Period options (6 Weeks, 12 Weeks, 25 Weeks and 52 Weeks), Paid-Up Nonforfeiture Benefit options (with Paid-Up Nonforfeiture Benefit and without Paid-Up Nonforfeiture Benefit) and Benefit Period options (3 Year, 6 Year, 10 Year and Lifetime) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
13. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
14. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
15. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
16. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2129 LTC (0412)

Provision	Reference	Variability
1. Prepared For	First paragraph under the title	Name of insured
2. Presented By	Second paragraph under the title	Financial representative information
3. Additional Presented By Information	Second paragraph under the title, lines two through six	Additional FR information
4. Date	Third paragraph under the title	Date on which the illustration is being run
5. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
6. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
7. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2132 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Prepared for	First line of text under the title	Chosen name for dual insureds
2. State of Execution	Second line of text under the title (right side)	State in which the policies will be issued
3. Name	First column in table	Name of insured for each policy
4. Max Monthly Limit	Second column in table	The initial Maximum Monthly Limit for each policy (from \$1,500 to \$12,000, based on the policy design)
5. Elimination Period	Third column in table	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Benefit Period	Fourth column in table	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
7. Benefit Account Value	Fifth column in table	The initial Benefit Account Value for each policy (from \$54,000.00 to \$864,000.00, or Unlimited, based on the policy design)
8. Indexing Option	Sixth column in table	- ABI 3%, 4% or 5% - AAPB 5% - NONE
9. NFB	Seventh column in table	Y or N
10. Survivorship Benefit	Eight column in table	Y or N
11. MultiLife Discount	Ninth column in table	5% or N
12. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
13. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
14. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2112 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Initial Annual Contract Premium	Second line of text under the title (left side)	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
5. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
6. Maximum Monthly Limit for: 100% Nursing Home Care	Second line in the first paragraph (middle column)	\$1,500 - \$12,000
7. Maximum Monthly Limit for: 100% Home & Community Providers	Third line in the first paragraph (middle column)	\$1,500 - \$12,000
8. Maximum Monthly Limit for: 100% Residential Facility Care	Fourth line in the first paragraph (middle column)	\$1,500 - \$12,000
9. Annual Premium – Maximum Monthly Limit	Second line in the first paragraph (right column)	The initial annual premium for the base policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
10. Annual Premium Discounts	Second column on the right	This column only appears when there are discounts being illustrated. This amount varies depending on the kind of discount and the amount of the policy.
11. Caregiver Training Benefit	Single line in the second paragraph	\$300 - \$2,400
12. Elimination Period	First line in the third paragraph	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks

13. Benefit Period	Second line in the third paragraph	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
14. Benefit Account Value	Third line in the third paragraph	\$54,000.00 - \$864,000.00, or Unlimited
15. Optional Benefits	Second line in the fourth paragraph (left column)	<ul style="list-style-type: none"> <li>- Automatic Benefit Increase at 3%, 4% or 5%</li> <li>- Automatic Additional Purchase Benefit</li> <li>- Paid-Up Nonforfeiture Benefit Premium for: Base Policy</li> <li>- Paid-Up Nonforfeiture Benefit Premium for: Automatic Benefit Increase at 3%, 4% or 5%</li> <li>- Paid-Up Nonforfeiture Benefit Premium for: Automatic Additional Purchase Benefit</li> <li>- Survivorship Benefit</li> </ul>
16. Annual Premium – Optional Benefits Included	Second line in the fourth paragraph (right column)	The initial annual premium for each optional benefit (from \$0.01 to \$x,xxx.xx?, based on the policy design)
17. Annual Premium – Total	Single line in the fifth paragraph	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
18. Premium By Frequency – Annual	First line under the header rows in the Initial Modal Premiums table, first column of values	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
19. Premium By Frequency – Semi-Annual	First line under the header rows in the Initial Modal Premiums table, second column of values	The total initial semi-annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
20. Premium By Frequency – Quarterly	First line under the header rows in the Initial Modal Premiums table, third column of values	The total initial quarterly premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
21. Premium By Frequency – Monthly	First line under the header rows in the Initial Modal Premiums table, fourth column of values	The total initial monthly premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
22. Annualized	Second line under the	The annualized total initial

Premium – Annual	header rows in the Initial Modal Premiums table, first column of values	annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
23. Annualized Premium – Semi-Annual	Second line under the header rows in the Initial Modal Premiums table, second column of values	The annualized total initial semi-annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
24. Annualized Premium – Quarterly	Second line under the header rows in the Initial Modal Premiums table, third column of values	The annualized total initial quarterly premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
25. Annualized Premium – Monthly	Second line under the header rows in the Initial Modal Premiums table, fourth column of values	The annualized total initial monthly premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
26. Less: Annual Premium – Annual	Third line under the header rows in the Initial Modal Premiums table, first column of values	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
27. Less: Annual Premium – Semi-Annual	Third line under the header rows in the Initial Modal Premiums table, second column of values	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
28. Less: Annual Premium – Quarterly	Third line under the header rows in the Initial Modal Premiums table, third column of values	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
29. Less: Annual Premium – Monthly	Third line under the header rows in the Initial Modal Premiums table, fourth column of values	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
30. Amount in Excess of Annual Premium – Annual	Fourth line under the header rows in the Initial Modal Premiums table, first column of values	The difference between the “annualized total initial annual premium” and the “total initial annual premium” (\$0.00)
31. Amount in Excess of Annual Premium – Semi-Annual	Fourth line under the header rows in the Initial Modal Premiums table, second column of values	The difference between the “annualized total initial semi-annual premium” and the “total initial annual premium” (from \$0.01 to \$x,xxx.xx?, based on the

		policy design)
32. Amount in Excess of Annual Premium – Quarterly	Fourth line under the header rows in the Initial Modal Premiums table, third column of values	The difference between the “annualized total initial quarterly premium” and the “total initial annual premium” (from \$0.01 to \$x,xxx.xx?, based on the policy design)
33. Amount in Excess of Annual Premium – Monthly	Fourth line under the header rows in the Initial Modal Premiums table, fourth column of values	The difference between the “annualized total initial monthly premium” and the “total initial annual premium” (from \$0.01 to \$x,xxx.xx?, based on the policy design)
34. Discount Footnote	First line of text beneath the Initial Modal Premiums table.	Identifies discounts dependant on marital or companion status as well as number of insureds covered
35. Attained Age Footnote	Third line of text beneath the Initial Modal Premiums table.	This disclosure will appear when the Automatic Additional Purchase Benefit (AAPB) is being illustrated
36. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
37. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
38. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
39. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2113 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
12. Initial contract premium	Third line of text in the first paragraph	The total initial annual premium for the policy (from \$0.01 to \$x,xxx.xx?, based on the policy design)
13. Maximum Monthly Limit – Alternative	First and second lines under the header rows in the table, second column	\$1,500 - \$12,000
14. Maximum Monthly Limit – Initial Annual Premium	First and second lines under the header rows in the table, third column	The total initial annual premium based on the alternative Maximum Monthly Limit amounts



		(from \$0.01 to \$x,xxx.xx?, based on the policy design)
15. Maximum Monthly Limit – Initial Annual Savings or (Cost)	First and second lines under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative Maximum Monthly Limit amounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
16. Elimination Period – Alternative	Third, fourth and fifth lines under the header rows in the table, second column	6 Weeks, 12 Weeks, 25 Weeks for 52 Weeks
17. Elimination Period – Initial Annual Premium	Third, fourth and fifth lines under the header rows in the table, third column	The total initial annual premium based on the alternative Elimination Period values (from \$0.01 to \$x,xxx.xx?, based on the policy design)
18. Elimination Period – Initial Annual Savings or (Cost)	Third, fourth and fifth lines under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative Elimination Period values (from \$0.01 to \$x,xxx.xx?, based on the policy design)
19. Benefit Period – Alternative	Sixth and seventh lines under the header rows in the table, second column	3 Year, 6 Year or Lifetime
20. Benefit Period – Initial Annual Premium	Sixth and seventh lines under the header rows in the table, third column	The total initial annual premium based on the alternative Benefit Period values (from \$0.01 to \$x,xxx.xx?, based on the policy design)
21. Benefit Period – Initial Annual Savings or (Cost)	Sixth and seventh lines under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative Benefit Period values (from \$0.01 to \$x,xxx.xx?, based on the policy design)
22. (Indexing Option) –	Eighth line under the header	ABI @ 3%, 4% or 5%, or

Product Feature	rows in the table, first column	AAPB @ 5%
23. (Indexing Option) – Alternative	Eighth, ninth and tenth lines under the header rows in the table, second column	ABI @ 3%, 4% or 5%, or AAPB @ 5%
24. (Indexing Option) – Initial Annual Premium	Eighth, ninth and tenth lines under the header rows in the table, third column	The total initial annual premium based on the alternative indexing options (from \$0.01 to \$x,xxx.xx?, based on the policy design)
25. (Indexing Option) – Age (for AAPB indexing option)	Eighth line under the header rows in the table, next to (on right side of) third column	18-85, based on the policy design
26. (Indexing Option) – Initial Annual Savings or (Cost)	Eighth, ninth and tenth lines under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative indexing options (from \$0.01 to \$x,xxx.xx?, based on the policy design)
27. (Survivorship Benefit) – Product Feature	Eleventh line under the header rows in the table, first column	Add Survivorship Benefit, Remove Survivorship Benefit
28. (Survivorship Benefit) – Initial Annual Premium	Eleventh line under the header rows in the table, third column	The total initial annual premium based on the alternative Survivorship Benefit option (from \$0.01 to \$x,xxx.xx?, based on the policy design)
29. (Survivorship Benefit) – Initial Annual Savings or (Cost)	Eleventh line under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative Survivorship Benefit option (from \$0.01 to \$x,xxx.xx?, based on the policy design)
30. (Paid-Up Nonforfeiture Benefit) – Product Feature	Twelfth line under the header rows in the table, first column	Add Paid-Up Nonforfeiture Benefit, Remove Paid-Up Nonforfeiture Benefit
31. (Paid-Up Nonforfeiture Benefit) – Initial	Twelfth line under the header rows in the table, third column	The total initial annual premium based on the alternative Paid-Up

Annual Premium		Nonforfeiture Benefit option (from \$0.01 to \$x,xxx.xx?, based on the policy design)
32. (Paid-Up Nonforfeiture Benefit) – Initial Annual Savings or (Cost)	Twelfth line under the header rows in the table, fourth column	The difference between the total initial annual premium for the policy and the total initial annual premium based on the alternative Paid-Up Nonforfeiture Benefit option (from \$0.01 to \$x,xxx.xx?, based on the policy design)
33. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
34. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
35. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
36. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2115 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
12. Age	First column in table	18-100 (starting with the policy issue age, ending with age 100, and showing ages at selected intervals in between)
13. Cumulative Cash Outlay (indexing option @x%)	Header rows above second column in table	- Cumulative Cash Outlay No Indexing - Cumulative Cash Outlay ABI @3%, 4% or 5% - Cumulative Cash Outlay AAPB @5%

14. Cumulative Cash Outlay	Second column in table	The cumulative total annual cash outlay for the policy at each age (from \$0.01 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
15. Benefit Account Value	Third column in table	The Benefit Account Value for the policy at each age (from \$54,000.00 to \$x,xxx.xx?, or Unlimited, based on the policy design)
16. Maximum Monthly Limit	Fourth column in table	The Maximum Monthly Limit for the policy at each age (from \$1,500 to \$x,xxx?, based on the policy design)
17. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
18. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
19. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
20. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2116 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
12. After-tax interest rate	Fourth and fifth lines of text in the first paragraph	1% - 12%
13. Attained Age	First column in table	18-100 (starting with the policy issue age, ending with age 100, and showing ages at selected intervals in between)
14. Cash Outlay	Second column in table	The total annual cash outlay for the policy at each age (from \$0.00 to \$x,xxx.xx?, or Paid-Up, based on the

		policy design and the current dividend scale)
15. Total Benefit Acct Value Available	Third column in table	The Benefit Account Value for the policy at each age (from \$54,000.00 - \$x,xxx.xx?, or Unlimited, based on the policy design)
16. Annual Outlay	Fourth column in table	The total annual cash outlay for the policy at each age (from \$0.00 to \$x,xxx.xx?, or Paid-Up, based on the policy design and the current dividend scale)
17. Total Amount Available	Fifth column in table	The total annual cash outlay for the policy accumulated at the after-tax interest rate from the issue age to the given age in the table (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
18. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
19. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
20. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
21. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2117 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
12. Purchased At Age	First column in table	18-79 (starting with the policy issue age, ending with age 79, and showing ages at selected intervals in between)
13. Maximum Monthly Limit	Second column in table	The Maximum Monthly Limit for the policy at each given age from the table (from \$1,500 to \$x,xxx?, based on the policy design)
14. Initial Contract	Third column in table	The total initial annual



Premium		premium based on the given purchase age and initial Maximum Monthly Limit from the table (from \$0.01 to \$x,xxx.xx?, based on the policy design)
15. Initial Cost of Waiting	Fourth column in table	The difference between the total initial annual premium based on the given purchase age and initial Maximum Monthly Limit from the table and the total initial annual premium for the policy (from \$0.00 to \$x,xxx.xx?, based on the policy design)
16. Cash outlay age	Header rows above fifth column in table	19-100 (from (policy issue age + 1) to 100)
17. Total Cash Outlay to Age XX	Fifth column in table	The cumulative total annual cash outlay based on the given purchase age and initial Maximum Monthly Limit from the table, from the given purchase age through age XX (from \$0.01 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
18. Cost of waiting age	Header rows above sixth column in table	19-100 (from (policy issue age + 1) to 100)
19. Projected Cost of Waiting to Age 85	Sixth column in table	The difference between the cumulative total annual cash outlay based on the given purchase age and initial Maximum Monthly Limit from the table (from the given purchase age through age XX) and the cumulative total annual cash outlay for the policy (from the policy issue age through age XX) (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
20. (**) footnote	First paragraph below table	- This footnote appears if

		<p>the Automatic Benefit Increase (ABI) or Automatic Additional Purchase Benefit (AAPB) indexing option is selected</p> <p>- If no indexing option is selected, then the footnote changes to: “This illustration assumes that no indexing option is elected. As a result the Maximum Monthly Limit shown above remains level.”</p>
21. (indexing option) amount of x%	Second row of text within (**) footnote	<p>- Automatic Benefit Increase (ABI) amount of 3%, 4% or 5%</p> <p>- Automatic Additional Purchase Benefit (AAPB) amount of 5%</p>
22. Cash outlay age	Within (****) footnote (at right end of text)	19-100 (from (policy issue age + 1) to 100)
23. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
24. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
25. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
26. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2133-98 LTC (0412)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for dual insureds
2. State of Execution	Second line of text under the title (right side)	State in which the policies will be issued
3. Name	First column in first table	Name of insured for each policy
4. Age	Second column in first table	18-79
5. Risk Class	Third column in first table	STD, C1 or C2
6. Payment Duration	Fourth column in first table	10 Pay, To Age 65, or For Life
7. Annual Premium	Fifth column in first table	The total initial annual premium for each policy, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
8. Total Discounted Premium (single policy)	Sixth column in first table	The total initial annual premium for each policy, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
9. Total Annual Premium	First row under the first table (right column)	The sum of the total initial annual premiums for both policies, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
10. MultiLife Discount	Second row under the first table (right column)	The sum of the MultiLife Discount dollar amounts for both policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
11. Spousal/Comp. Discount	Third row under the first table (right column)	The sum of the Spousal/Companion Discount dollar amounts for both policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
12. Total Discounted	Fourth row under the first	The sum of the total initial

Premium (both policies)	table (right column)	annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
13. Premium By Frequency – Annual	First line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
14. Premium By Frequency – Semi-Annual	First line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the total initial semi-annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
15. Premium By Frequency – Quarterly	First line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the total initial quarterly premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
16. Premium By Frequency – Monthly	First line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The sum of the total initial monthly premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
17. Annualized Premium – Annual	Second line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the annualized total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
18. Annualized Premium – Semi-Annual	Second line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the annualized total initial semi-annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
19. Annualized Premium – Quarterly	Second line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the annualized total initial quarterly premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based
		on the policy designs)

20. Annualized Premium – Monthly	Second line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The sum of the annualized total initial monthly premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
21. Less: Annual Premium – Annual	Third line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
22. Less: Annual Premium – Semi-Annual	Third line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
23. Less: Annual Premium – Quarterly	Third line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
24. Less: Annual Premium – Monthly	Third line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The sum of the total initial annual premiums for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
25. Amount in Excess of Annual Premium – Annual	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The difference between the sum of the “annualized total initial annual premiums” and the sum of the “total initial annual premiums” for both policies, including discounts (\$0.00)
26. Amount in Excess of Annual Premium – Semi-Annual	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The difference between the sum of the “annualized total initial semi-annual premiums” and the sum of the “total initial annual premiums” for both policies, including discounts (from \$0.01 to
		\$x,xxx.xx?, based on the policy designs)

27. Amount in Excess of Annual Premium – Quarterly	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The difference between the sum of the “annualized total initial quarterly premiums” and the sum of the “total initial annual premiums” for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
28. Amount in Excess of Annual Premium – Monthly	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The difference between the sum of the “annualized total initial monthly premiums” and the sum of the “total initial annual premiums” for both policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
29. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
30. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
31. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2134 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Prepared for	First line of text under the title	The MultiLife group name input by the financial representative
2. State of Execution	Second line of text under the title (right side)	State in which the policies will be issued
3. Name	First column in table	Name of insured for each policy
4. Max Monthly Limit	Second column in table	The initial Maximum Monthly Limit for each policy (from \$1,500 to \$12,000, based on the policy design)
5. Elimination Period	Third column in table	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Benefit Period	Fourth column in table	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
7. Benefit Account Value	Fifth column in table	The initial Benefit Account Value for each policy (from \$54,000.00 to \$864,000.00, or Unlimited, based on the policy design)
8. Indexing Option	Sixth column in table	- ABI 3%, 4% or 5% - AAPB 5% - NONE
9. NFB	Seventh column in table	Y or N
10. Survivorship Benefit	Eight column in table	Y or N
11. Comp/Spousal Discount	Ninth column in table	10%, 15%, 30% or N
12. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
13. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
14. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2135 LTC (0412)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	The MultiLife group name input by the financial representative
2. State of Execution	Second line of text under the title (right side)	State in which the policies will be issued
3. Name	First column in first table	Name of insured for each policy
4. Age	Second column in first table	18-79
5. Risk Class	Third column in first table	STD, C1 or C2
6. Payment Duration	Fourth column in first table	10 Pay, To Age 65, or For Life
7. Annual Premium	Fifth column in first table	The total initial annual premium for each policy, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
8. Annual Premium with MLD	Sixth column in first table	The total initial annual premium for each policy, including the MultiLife Discount (if applicable) but not including the Spousal/Companion Discount (from \$0.01 to \$x,xxx.xx?, based on the policy design)
9. Annual Premium with SD	Seventh column in first table	The total initial annual premium for each policy, including the MultiLife Discount and Spousal/Companion Discount (if applicable) (from \$0.01 to \$x,xxx.xx?, based on the policy design)
10. Total Discounted Premium (single policy)	Eight column in first table	The total initial annual premium for each policy, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
11. Total Annual	First row under the first	The sum of the total initial



Premium	table (right column)	annual premiums for all policies, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
12. MultiLife Discount	Second row under the first table (right column)	The sum of the MultiLife Discount dollar amounts for all policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
13. Spousal/Comp. Discount	Third row under the first table (right column)	The sum of the Spousal/Companion Discount dollar amounts for all policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
14. Total Discounted Premium (all policies)	Fourth row under the first table (right column)	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
15. Premium By Frequency – Annual	First line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
16. Premium By Frequency – Semi-Annual	First line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the total initial semi-annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
17. Premium By Frequency – Quarterly	First line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the total initial quarterly premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
18. Premium By Frequency – Monthly	First line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The sum of the total initial monthly premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)

19. Annualized Premium – Annual	Second line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the annualized total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
20. Annualized Premium – Semi-Annual	Second line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the annualized total initial semi-annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
21. Annualized Premium – Quarterly	Second line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the annualized total initial quarterly premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
22. Annualized Premium – Monthly	Second line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The sum of the annualized total initial monthly premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
23. Less: Annual Premium – Annual	Third line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
24. Less: Annual Premium – Semi-Annual	Third line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
25. Less: Annual Premium – Quarterly	Third line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
26. Less: Annual Premium – Monthly	Third line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to
	values	\$x,xxx.xx?, based on the policy designs)

27. Amount in Excess of Annual Premium – Annual	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, first column of values	The difference between the sum of the “annualized total initial annual premiums” and the sum of the “total initial annual premiums” for all policies, including discounts (\$0.00)
28. Amount in Excess of Annual Premium – Semi-Annual	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, second column of values	The difference between the sum of the “annualized total initial semi-annual premiums” and the sum of the “total initial annual premiums” for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
29. Amount in Excess of Annual Premium – Quarterly	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, third column of values	The difference between the sum of the “annualized total initial quarterly premiums” and the sum of the “total initial annual premiums” for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
30. Amount in Excess of Annual Premium – Monthly	Fourth line under the header rows in the Initial Modal Premiums with Discounts table, fourth column of values	The difference between the sum of the “annualized total initial monthly premiums” and the sum of the “total initial annual premiums” for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
31. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
32. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
33. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2308 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or None
12. Age	First column in table	18-100 (starting with the policy issue age, ending with age 100, and showing ages at selected intervals in between)
13. Premium (with/without) (indexing option @ x%)	Header rows above second column in table	- Premium without Indexing - Premium with ABI @ 3%, 4% or 5% - Premium with AAPB @ 5%
14. Premium	Second column in table	The total annual premium

		for the policy at each age (from \$0.01 to \$x,xxx.xx?, or Paid-Up, based on the policy design)
15. Dividend	Third column in table	The total annual dividend for the policy at each age, based on the current dividend scale (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
16. Cash Outlay	Fourth column in table	The total annual cash outlay for the policy at each age (from \$0.00 to \$x,xxx.xx?, or Paid-Up, based on the policy design and the current dividend scale)
17. Cumulative Premium Refund	Fifth column in table (only appears for 10 Pay and To Age 65 premium payment duration options)	The total annual premium refund account balance, from the policy issue age through the last age shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy design). This optional column may not always be displayed. This column will not be displayed if all durations will show \$0.
18. Maximum Monthly Limit	Sixth column in table	The Maximum Monthly Limit for the policy at each age (from \$1,500 to \$x,xxx?, based on the policy design)
19. Total Cash Outlay – Premium	At bottom of second column in table	The cumulative total annual premium for the policy, from the policy issue age through the last age shown in the table on the current page (from \$0.01 to \$x,xxx.xx?, based on the policy design)
20. Total Cash Outlay – Cash Outlay	At bottom of fourth column in table	The cumulative total annual cash outlay for the policy, from the policy issue age

		through the last age shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy design)
21. Discount Disclosure	First footnote on the page	<p>Footnote that will only be displayed when Spousal or Companion discounts are present on the policy and additional text when a MultiLife discount is on the policy. Spousal One/Two Discount will be 10%/30% and Companion One/Two Discount will be 10%/30%. MultiLife Discount is 5%.</p> <p>Possible wordings are below (the final MultiLife sentence only appears when there is a MultiLife discount illustrated on the policy):</p> <p>Premiums reflect a Spousal One Insured Discount of 10% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.</p> <p>Premiums reflect a Spousal Two Insured Discount of 30% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.</p> <p>Premiums reflect a Companion One Insured Discount of 10% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.</p>

		<p>Premiums reflect a Companion Two Insured Discount of 30% and a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.</p> <p>Premiums reflect a 5% MultiLife Discount. The MultiLife discount is subject to minimum eligible participation requirements.</p>
22. Hypothetical Claim and AAPB Refusal Disclosure	Second footnote on the page	<p>Footnote that will only be displayed when a hypothetical claim and/or AAPB refusals have been illustrated.</p> <p>Possible wordings are below (the hypothetical claim section will be hidden when no hypothetical claim has been illustrated and the AAPB refusal section will be hidden when no AAPB refusals have been illustrated. Additionally, the hypothetical claim age (X) will vary based on what the user input and the AAPB refusal age(s) (Y and Z) will vary based on what the user input):</p> <p>Columns illustrate a hypothetical claim at age X, refusal of AAPB increases at ages Y and Z if applicable, and assume full use of the Maximum Monthly Limit. This illustration does not reflect reductions to the Benefit Account Value Remaining</p>

		<p>after payment of benefits for a future claim. A dividend will not be used to reduce premiums when premiums are being waived due to a claim for long-term care benefits. Any dividends earned while on waiver will reduce future premiums upon recovery from the condition resulting in the waiver, or be accumulated as a premium refund and paid at the earlier of cancellation or termination of the policy or death of the insured.</p> <p>Columns illustrate a hypothetical claim at age X and assume full use of the Maximum Monthly Limit. Dividend will not be used to reduce premiums when a policy is on waiver. Any dividends earned while on waiver will reduce future premiums upon recovery from the condition resulting in the waiver, or be accumulated as a premium refund and paid at the earlier of cancellation or termination of the policy or death of the insured.</p> <p>Columns illustrate a hypothetical example of refusing AAPB increases at ages Y and Z.</p> <p>Columns illustrate a hypothetical example of refusing an AAPB increase at age Y.</p>
23. Presented By	Fourth line of text from	Name of financial



	bottom of page (left side)	representative
24. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
25. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
26. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2314 LTC (0412)

Provision	Reference	Variability
1. Name	First two lines of text under the title (first field)	Name of insured for each policy
2. Age	First two lines of text under the title (second field)	18-79
3. Sex	First two lines of text under the title (third field)	Male or Female
4. State of Execution	Third line of text under the title (right side)	State in which the policies will be issued
5. Policy Year	First column in table	1-60 (starting with policy year 1, ending with policy year 60, and showing policy years at selected intervals in between)
6. Year	Second column in table	The calendar year in which the first day of each given policy year from the table falls
7. Aggregate Cash Outlay	Third column in table	The sum of the total annual cash outlays for both policies at each given policy year from the table (from \$0.00 to \$x,xxx.xx?, or “***”, based on the policy designs and the current dividend scale)
8. Cumulative Aggregate Cash Outlay	Fourth column in table	The cumulative sum of the total annual cash outlays for both policies, from policy year 1 through each given policy year from the table (from \$0.00 to \$x,xxx.xx?, or “***”, based on the policy designs and the current dividend scale)
9. Total Cash Outlay Paid @Policy Year 60	Second row under the table	The cumulative sum of the total annual cash outlays for both policies, from policy year 1 through policy year 60 (from \$0.00 to
		\$x,xxx.xx?, based on the policy designs and the current dividend scale)

10. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
11. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
12. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2315 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Prepared for	First line of text under the title	Chosen name for MultiLife group
2. State of Execution	Second line of text under the title (right side)	State in which the policies will be issued
3. Policy Year	First column in table	1-60 (starting with policy year 1, ending with policy year 60, and showing policy years at selected intervals in between)
4. Year	Second column in table	The calendar year in which the first day of each given policy year from the table falls
5. Aggregate Cash Outlay	Third column in table	The sum of the total annual cash outlays for all policies at each given policy year from the table (from \$0.00 to \$x,xxx.xx?, or “***”, based on the policy designs and the current dividend scale)
6. Cumulative Aggregate Cash Outlay	Fourth column in table	The cumulative sum of the total annual cash outlays for all policies, from policy year 1 through each given policy year from the table (from \$0.00 to \$x,xxx.xx?, or “***”, based on the policy designs and the current dividend scale)
7. Total Cash Outlay Paid @Policy Year 60	Second row under the table	The cumulative sum of the total annual cash outlays for all policies, from policy year 1 through policy year 60 (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
8. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
9. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run

10. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration
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# Statement of Variability

For Advertising Form 90-2316 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Additional Purchase Benefit @5% (Note: This page can only be produced if the Automatic Additional Purchase Benefit (AAPB) indexing option is selected)
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year, or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or
12. Age	First column in table	18-100 (starting with the policy issue age, ending with age 100, and showing ages at selected intervals in between)
13. Premium with AAPB @5%	Second column in table	The total annual premium for the policy (with the Automatic Additional Purchase Benefit indexing

		option) at each given age from the table (from \$0.01 to \$x,xxx.xx?, based on the policy design)
14. Maximum Monthly Limit	Third column in table	The Maximum Monthly Limit for the policy (with the Automatic Additional Purchase Benefit indexing option) at each given age from the table (from \$1,500 to \$x,xxx?, based on the policy design)
15. Premium with AAPB to 5% ABI Change	Fourth column in table	The total annual premium for the policy assuming the insured drops the Automatic Additional Purchase Benefit indexing option and adds the Automatic Benefit Increase (at 5%) indexing option at each given age from the table (from \$0.01 to \$x,xxx.xx?, based on the policy design)
16. Cash Outlay after Policy Change has been Executed – 5 Years Later	Fifth column in table	The total annual cash outlay for the policy 5 years after the given age from the table, assuming the insured drops the Automatic Additional Purchase Benefit indexing option and adds the Automatic Benefit Increase (at 5%) indexing option at each given age from the table (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
17. Cash Outlay after Policy Change has been Executed – 10 Years Later	Sixth column in table	The total annual cash outlay for the policy 10 years after the given age from the table, assuming the insured drops the Automatic Additional Purchase Benefit indexing option and adds the Automatic Benefit Increase (at 5%) indexing

		option at each given age from the table (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
18. Cash Outlay after Policy Change has been Executed – 15 Years Later	Seventh column in table	The total annual cash outlay for the policy 15 years after the given age from the table, assuming the insured drops the Automatic Additional Purchase Benefit indexing option and adds the Automatic Benefit Increase (at 5%) indexing option at each given age from the table (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
19. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
20. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
21. Risk Class	Last line of text at bottom of page (left side)	Standard, Class 1 or Class 2
22. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration



# Statement of Variability

For Advertising Form 90-2349 LTC (0412)

Provision	Reference	Variability
1. Name	First line of text under the title (first field)	Name of insured
2. Age	First line of text under the title (second field)	18-79
3. Sex	First line of text under the title (third field)	Male or Female
4. Maximum Monthly Limit (Nursing Home Care)	Second line of text under the title (left side)	\$1,500 - \$12,000
5. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Indexing Option	Fourth line of text under the title (left side)	- Automatic Benefit Increase @3%, 4% or 5% - Automatic Additional Purchase Benefit @5%
7. Other Options	Fifth line of text under the title (left side)	- Survivorship - Paid-Up Nonforfeiture Benefit
8. State of Execution	Second line of text under the title (right side)	State in which the policy will be issued
9. Home Health Care	Third line of text under the title (right side)	100%
10. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year, or Lifetime. Availability of benefit periods may vary.
11. Discounts	Fifth line of text under the title (right side)	10%, 15%, 30% and/or 5%, or
12. Years of Premiums Paid	First column in table	1-40 (starting with year 1, ending with year 40, and showing years at selected intervals in between)
13. Age	Second column in table	18-118 (starting with the policy issue age, ending with (policy issue age + 39), and showing ages at selected intervals in between)
14. Cumulative Cash Outlay	Third column in table	The total annual cash outlay for the policy accumulated

		with interest from the issue age to the given age in the table (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
15. Maximum Monthly Limit at time of claim	Fourth column in table	The Maximum Monthly Limit for the policy at each given age from the table (from \$1,500 to \$x,xxx?, based on the policy design)
16. Time for Benefits to Equal or Exceed Cash Outlay (column in table)	Fifth column in table	The time it would require for cumulative benefits under the policy (assuming full usage of the Maximum Monthly Limit) to equal or exceed the total annual cash outlay accumulated with interest (from 1 Day to XX? Months, YY? Days, based on the policy design and the current dividend scale)
17. Time for Benefits to Equal or Exceed Cash Outlay (chart)	Chart below table	The time it would require for cumulative benefits under the policy (assuming full usage of the Maximum Monthly Limit) to equal or exceed the total annual cash outlay accumulated with interest (from 1 Day to XX? Months, YY? Days, based on the policy design and the current dividend scale) (in graphical format)
18. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
19. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
20. Risk Class	Last line of text at bottom of page (left side)	Standard, Class 1 or Class 2
21. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2425-02 LTC (0412)

<b>Provision</b>	<b>Reference</b>	<b>Variability</b>
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Name	First column in table	Name of insured for each policy
3. Maximum Monthly Limit	Second column in table	The initial Maximum Monthly Limit for each policy (from \$1,500 to \$12,000, based on the policy design)
4. Elimination Period	Third column in table	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
5. Benefit Period	Fourth column in table	3 Year, 6 Year, 10 Year, or Lifetime. Availability of benefit periods may vary.
6. Benefit Account Value	Fifth column in table	The initial Benefit Account Value for each policy (from \$54,000.00 to \$864,000.00, or Unlimited, based on the policy design)
7. Indexing Option	Sixth column in table	- ABI 3%, 4% or 5% - AAPB 5% - NONE
8. NFB	Seventh column in table	Y or N
9. Survivorship Benefit	Eight column in table	Y or N
10. Spousal/Companion Discount	Ninth column in table	10%, 15%, 30% or N
11. MultiLife Discount	Tenth column in table	5% or N
12. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
13. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
14. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2425-03 LTC (0412)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Name	First column in table	Name of insured for each policy
3. Age	Second column in table	18-79
4. Risk Class	Third column in table	STD, C1 or C2
5. Premium Duration	Fourth column in table	10 Pay, To Age 65, or For Life
6. Annual Premium	Fifth column in table	The total initial annual premium for each policy, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
7. Less MultiLife Discount	Sixth column in table	The MultiLife Discount dollar amount for each policy (from \$0.00 to \$x,xxx.xx?, based on the policy design)
8. Less Spousal/Companion Discount	Seventh column in table	The Spousal/Companion Discount dollar amount for each policy (from \$0.00 to \$x,xxx.xx?, based on the policy design)
9. Total Discounted Premium (single policy)	Eight column in table	The total initial annual premium for each policy, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
10. Total Annual Premium	First row under the table (right column)	The sum of the total initial annual premiums for all policies, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
11. MultiLife Discount	Second row under the table (right column)	The sum of the MultiLife Discount dollar amounts for all policies (from \$0.00 to \$x,xxx.xx?, based on the
		policy designs)

12. Spousal/Comp. Discount	Third row under the table (right column)	The sum of the Spousal/Companion Discount dollar amounts for all policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
13. Total Discounted Premium (all policies)	Fourth row under the table (right column)	The sum of the total initial annual premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
14. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
15. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
16. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2436 LTC (0213)

Provision	Reference	Variability
1. Dividend Scale Year	Second line of text in the first paragraph	Calendar Year
2. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
3. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
4. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
5. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2342-83 LTC (0412)

Provision	Reference	Variability
1. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
2. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
3. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
4. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

# Statement of Variability

For Advertising Form 90-2425-04 LTC (0412)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Policy Year	First column in table	1-83 (starting with policy year 1, ending with the policy year during which the youngest insured is age 100, and showing policy years at selected intervals in between)
3. Year	Second column in table	The calendar year in which the first day of each given policy year from the table falls
4. Discounted Premium	Third column in table	The sum of the total annual premiums for all policies at each given policy year from the table, including discounts (from \$0.01 to \$x,xxx.xx?, or Paid-Up, based on the policy designs)
5. Dividend	Fourth column in table	The sum of the total annual dividends for all policies at each given policy year from the table, based on the current dividend scale (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
6. Cash Outlay	Fifth column in table	The sum of the total annual cash outlays for all policies at each given policy year from the table (from \$0.00 to \$x,xxx.xx?, or Paid-Up, based on the policy designs and the current dividend scale)
7. Maximum Monthly Limit	Sixth column in table	The sum of the Maximum Monthly Limit amounts for all policies at each given
		policy year from the table (from \$1,500 to \$x,xxx?, based on the policy designs)



8. Totals – Discounted Premium	At bottom of third column in table	The cumulative sum of the total annual premiums for all policies (including discounts), from policy year 1 through the last policy year shown in the table on the current page (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
9. Totals – Cash Outlay	At bottom of fifth column in table	The cumulative sum of the total annual cash outlays for all policies, from policy year 1 through the last policy year shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
10. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
11. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
12. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Northwestern Long Term Care Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	90-2129 LTC (0412)		
<b>Project Name/Number:</b>	90-2129 LTC (0412)/90-2129 LTC (0412)		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/22/2012	Replaced 12/18/2012	Form	Disclosure Statement	12/17/2012	90-2436 LTC (0412).pdf (Superceded)

SERFF Tracking #:

NWST-128738319

State Tracking #:

Company Tracking #:

90-2129 LTC (0412)

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129 LTC (0412)

Project Name/Number: 90-2129 LTC (0412)/90-2129 LTC (0412)

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/22/2012	Replaced 12/17/2012	Supporting Document	Statements of Variability	12/17/2012	1 SOV 90-2118 LTC (0412).pdf 1 SOV 90-2120 LTC (0412).pdf 1 SOV 90-2125 LTC (0412).pdf 1 SOV 90-2129 LTC (0412).pdf 1 SOV 90-2132 LTC (0412).pdf 1 SOV 90-2112 LTC (0412).pdf 1 SOV 90-2113 LTC (0412).pdf 1 SOV 90-2115 LTC (0412).pdf 1 SOV 90-2116 LTC (0412).pdf 1 SOV 90-2117 LTC (0412).pdf 1 SOV 90-2133 LTC (0412).pdf 1 SOV 90-2134 LTC (0412).pdf 1 SOV 90-2135 LTC (0412).pdf 1 SOV 90-2308 LTC (0412).pdf 1 SOV 90-2314 LTC (0412).pdf 1 SOV 90-2315 LTC (0412).pdf 1 SOV 90-2316 LTC (0412).pdf 1 SOV 90-2349 LTC (0412).pdf 1 SOV 90-2425-02 LTC (0412).pdf 1 SOV 90-2425-03 LTC (0412).pdf 1 SOV 90-2425-04 LTC (0412).pdf 1 SOV 90-2436 LTC (0412).pdf (Superceded) AR SOV 90-2342-83 LTC (0412).pdf

## Disclosure Statement

Cash outlay equals premiums less illustrated dividends. See Cash Outlay pages for details. Illustrated dividends reflect current (<sup>1</sup>{2012} scale) claim, expense and investment experience. They are not estimates or a guarantee of future results. Any such dividends are declared annually by the Company in its discretion. There is no guaranteed specific method or formula for the determination and allocation of dividends. Accordingly, the Company's approach is subject to change. Dividends for long-term care insurance policies are sensitive to investment returns, claim, and expense experience. These factors will change after the current dividend scale is determined. Claim, expense, and/or investment experience may change after the current dividend scale is determined. The illustrated values are based on the assumption that non-guaranteed dividends currently illustrated will continue unchanged under the current scale for all years shown. This is not likely to occur and actual dividends likely will be larger or smaller than illustrated, and may be zero as a result of changes in the dividend scale. Any dividends will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund (Cumulative Premium Refund) which may not exceed the aggregate premiums paid by the client under the policy. If the Cumulative Premium Refund equals the aggregate premiums paid by the client, additional dividends will no longer be payable. The Cumulative Premium Refund will be paid at the earlier of cancellation or termination of the policy or death of the insured. The illustrated Cumulative Premium Refund is subject to changes in the dividend scale. If there is no Cumulative Premium Refund under the current dividend scale, it will not be displayed in this illustration.

The purpose of this material is for the marketing and solicitation of insurance. For illustration purposes only. The final premium for the coverage requested is subject to underwriting limits and approval. The amount of benefits provided depends on the benefits that are selected. The premium varies with the amount of benefits selected. This policy provides guaranteed renewable coverage and will remain in force as long as premiums are paid. The Company retains the right to change premiums by class.

Long-Term Care Insurance Policy forms TT.LTC.(1010) and TT.LTC.(0213). Form numbers may vary by state. Long-Term Care Insurance Policy forms TT.LTC.ML.(1010) and TT.LTC.ML.(0213) are only available in New Jersey, New York, Ohio, and Pennsylvania.

Long-Term Care Insurance Policy form TT.LTC.LP.(0213) is only available in Texas.

Long-Term Care Insurance Policy form TT.LTCN.(0213) is only available in Massachusetts.

Presented By:<sup>2</sup>{ Sample M. Agent }

<sup>3</sup>{04/03/2012}

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**

90-2436 LTC (0412)

TT (2013) <sup>4</sup>{Class 1}

Illustration No. <sup>5</sup>{XX2700-NHBLN-085236}

# Statement of Variability

For Advertising Form 90-2436 LTC (0412)

Provision	Reference	Variability
1. Dividend Scale Year	Second line of text in the first paragraph	Calendar Year
2. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
3. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
4. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
5. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration